

HEADQUARTERS  
UNITED STATES EUROPEAN COMMAND  
APO AE 09128

DIRECTIVE  
Number 64-2

**MANAGEMENT OF  
NONTACTICAL VEHICLES  
FOR  
SECURITY ASSISTANCE ORGANIZATIONS**

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- \*1. **Summary**: To provide command policy and procedures pertaining to the control, supervision, and use of Nontactical Vehicles (NTV). Paragraphs or subparagraphs marked with an \* include new and or changed material.
2. **Applicability**. This directive is applicable to all Security Assistance Organizations (SAO) within the US European Command (USEUCOM) area of responsibility (AOR).
- \*3. **Internal Control Systems**. This directive contains internal control provisions and is subject to the requirements of the Internal Management Control Program. For HQ USEUCOM and joint activities subordinate to HQ USEUCOM, the applicable internal control directive is ED 50-8.
- \*4.. **Suggested Improvements**. ECJ4-IDS is the proponent for this Directive. Forward recommended changes to HQ USEUCOM, ECJ4-IDS, Unit 30400, Box 1000, APO AE 09128.
- \*5. **References**. See Appendix A.
6. **Explanation of Terms**.

\*a. **Security Assistance Organizations (SAO)**. The term SAO encompasses all military elements, regardless of actual title, located in a foreign country with assigned responsibilities for carrying out defense cooperation in armaments, logistics coordination cells, security assistance management and other functions as directed by the Commander in Chief, US European Command (USCINCEUR). Within the USEUCOM AOR, the following titles are used: Liaison Offices, Offices of Defense/Military Cooperation, and Security Assistance Offices, and Security Assistance Augmented Defense Attaché offices. For simplicity, the term SAO as used throughout this directive broadly encompasses the collective missions and functions for SAOs, ODCs, DCAs, and ULCCs as described below.

\*b. **SAO Missions and Functions:**

(1) Manage and administer Foreign Military Sales (FMS) material, services, and equipment transactions. Monitor host government FMS programs relative to funding and use of U.S. government (USG) equipment. Assist in evaluation and planning of host government's military capabilities and requirements.

(2) Manage Security Assistance training programs including Professional Military Education (PME) and International military Education and Training (IMET) programs for foreign military personnel.

(3) Perform administrative functions to support the security assistance mission. Maintain morale and welfare of personnel assigned to security assistance organization. Perform other duties for USCINCEUR and/or DoD when tasked.

**\*c. Defense Cooperation in Armaments (DCA) Missions and Functions:**

- (1) Advisor/liaison for the U.S. Defense Department armaments director to counterparts in host country ministry, services, and industry. Encourage U.S.-Host Nation cooperation in research, development, production and support of military systems.
- (2) Develop defense industrial capabilities in those nations with whom the U.S. government has a formal Defense Industrial Cooperation (DIC) agreement.
- (3) Support U.S.-Host Nation defense procurement Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) implementation.
- (4) Point of contact for Ministry of Defense (MOD) and foreign firms concerning DoD acquisition and logistics practices, and for U.S. firms seeking or implementing cooperative programs.
- (5) Monitor arrangements for protection of U.S. and allied technologies and military systems.

**\*d. USEUCOM Logistics Coordination Cells (ULCC) Missions and Functions:**

- (1) Develop joint wartime Host Nation Support (WHNS) plans for execution of U.S. theater war plans in accordance with taskings of the U.S. Joint Planning Commission/Group.
- (2) Coordinate activation of U.S. Lines of Communication in times of war.
- (3) Coordinate execution of WHNS plans in accordance with priorities established by USEUCOM during exercises or periods of crisis.

**\*e. Utilization.** NTV utilization is the operation and use of an assigned vehicle. Government vehicles shall be used judiciously to ensure a proper balance between economic operation, adequate service and the best interest of the U. S. Government. Management procedures will be in place to measure the average and equitable use of all assigned vehicles.

**7. General Policy.**

a. The Chief of the SAO bears the final responsibility for the proper administration and operation of government vehicles assigned to his/her office. Supervision of this function may not be delegated; however, the SAO Chief may appoint in writing an individual to serve as the SAO NTV Manager. All NTV resources will be organized and managed to ensure optimum responsiveness, efficiency, and economy in support of SAO missions. Pursuant to reference a, NTVs selected for an individual task will be the one best suited by virtue of size, configuration, and economy of operation. Government NTVs will not be employed when adequate and economical commercial transportation facilities are or can be made available, except in cases of military necessity as determined by the SAO Chief, or by his/her designated representative.

b. Government NTVs will be used for official business only. Official business is:

- (1) Use by U. S. Government personnel in the execution of SAO duties.
- (2) Use for emergency medical transportation.
- (3) Essential transportation provided for morale, welfare, and recreation purposes at the discretion of the SAO Chief when it is determined that failure to provide the transportation would have a detrimental effect on such programs. Family members are authorized to accompany the active duty sponsor provided space is available. Spouses and family members are not authorized to use or operate government NTVs unless specifically authorized as a benefit of Domicile-to-Duty service pursuant to reference a.
- (4) Use for other official functions such as providing transportation for official visitors as necessary for conduct of the official visit.

**\*c. Unofficial business is:**

(1) Domicile-to-Duty (D-T-D) Services. Section 638a(c)(2) of title 31 US Code, states that official purposes shall not include transportation between domiciles and places of employment. The use of government NTVs for D-T-D transportation is not authorized except where specifically granted in writing by the Commander, US European Command pursuant to reference a. CINCEUR delegated this authority

to the Deputy Commander, European Command. HQ USEUCOM ECSM is the proponent for D-T-D issues and policies, and processes all D-T-D requests. Pursuant to reference a, requests for D-T-D service should be limited to cases where a clear and present danger of terrorist activities exists, and when furnishing government transportation would provide protection not otherwise available.

(2) Functions which are primarily social and unofficial in nature.

(3) Personal Business. SAOs are prohibited from using government NTVs to conduct personal business or engaging in other activities of a personal nature.

d. Dispatch of government NTVs will be in accordance with reference g and l. The DD Form 1970, Motor Equipment Utilization Record is the required dispatching form. Exceptions for the use of alternative dispatching forms must be approved by ECJ4-IDS.

## 8. Responsibility.

\*a. **The Department of the Army (DA):** DA is the administrative agency for all vehicles used in USCINCEUR'S area of responsibility.

\*b. **The Defense Security Assistance Agency, (DSAA):** DSAA is established as a separate Department of Defense agency and functions as HQ USEUCOM's point of contact for security assistance planning, policies, programs, and funding. Among these responsibilities are procurement of NTVs to fill existing shortages, replacement of NTVs exceeding retirement criteria, NTV supply and maintenance support, and NTV inventory management.

\*c. **HQ USEUCOM ECJ4** is responsible for:

- (1) Establishing guidance IAW the regulations listed in Appendix A.
- (2) Exercising management and technical supervision, developing policy guidance and procedures, and providing training to ensure effective and efficient administration of operations, maintenance, procurement and use of motor vehicles.
- (3) Managing theater SAO NTV requirements.
- (4) Establishing standards for maintaining adequate records for inventory requirements, authorization, distribution, operation, use, maintenance, and cost performance reporting.
- (5) Coordinating with USEUCOM ECSM to validate requests for domicile-to-duty authorizations.

\*d. **Chief, SAO** is responsible for:

(1) Preparing local implementing directives to ensure compliance of policies commensurate with this directive. As a minimum, SAO Chief will ensure the development of an NTV Standard Operating Procedure (SOP), applicable to his/her SAO. Differences in the missions of SAOs, and the geographic layout and location of installations and facilities prevent complete uniformity in operating procedures. Listed below are the minimum essential elements to be included in the NTV SOP:

- (a) Authorized Uses, including comments on official and unofficial uses, domicile-to-duty restrictions, and policy for using NTVs before and after duty hours.
- (b) Local Operator Licensing Requirements.
- (c) Dispatching Procedures.
- (d) Maintenance and Repair Procedures, both operator and dealer-level maintenance.
- (e) Fueling Procedures, i.e., procedures for the use of gas credit cards, fuel coupons, embassy motor pool, etc.
- (f) NTV Procurement (SA Funded) Procedures.
- (g) NTV Leasing (Other Procurement Army Funded) Procedures.
- (h) Accountability and Security Requirements.
- (i) NTV Registration, Licensing, Insurance, and Inspection Requirements.
- (j) NTV Disposal Procedures.
- (k) Reporting Requirements.

(2) Forwarding copies of organizational SOPs and implementing directives to HQ USEUCOM, ECJ4-IDS.

(3) Programming sufficient SA (T-20) funds for the acquisition, operation, maintenance, repair and disposal of all SA funded NTVs, and, if required, for the leasing of Operation Maintenance, Army (OMA) funded NTVs.

(4) Ensuring compliance with reference m for all nontactical armored vehicle actions.

(5) Conducting the NTV internal audit IAW references n and o.

## 9. Procedures.

### \*a. Accountability and Security.

(1) **Accountability Guidelines.** Each SAO Chief will ensure complete accountability of all assigned NTVs, that assigned NTVs are limited to the minimum number required for operational mission needs, and that all assigned NTVs are authorized by the Joint Table of Allowance, (JTA). NTVs are nonexpendable property items and are required to be managed by formal property accounting procedures. IAW reference i, nonexpendable property will be managed as a property book item using the DA Form 3328 (Property Record), and the DA Form 2062 (Hand Receipt). For SAOs authorized to use the automated property accounting system (APAS), property managers will use the automated version of the DA Form 3328 associated with that program. The SAO Chief, or his/her designated representative, will use inventory measures as a means to periodically check NTV accountability. Inventory requirements are outlined in paragraph 9c of this directive.

(2) **Security Guidelines.** IAW reference i, all government employees will properly use, care for, and safeguard all government property. IAW reference g, NTVs will be garaged or parked on the installation where assigned. SAO Chiefs will coordinate with the supporting American Embassy to determine vehicle security requirements, and if required, for secure vehicle parking and/or garage support. NTVs will not be parked in domicile areas unless specifically authorized D-T-D services pursuant to reference a. When adequate secure vehicle parking support is unavailable, or the operating hours of the American Embassy's motor pool do not meet SAO mission requirements, the SAO Chief, or his/her designated representative will identify this shortfall to HQ USEUCOM ECJ4-IDS/MS.

### \* b. NTV Procurement Procedures.

\*(1) **Guidelines.** Unless specifically authorized by HQ USEUCOM ECJ4, SAOs are not authorized to purchase NTVs excess to current JTA authorization. NTV procurements are authorized under three conditions:

- (a) as a one-for-one replacement for a current vehicle authorization.
- (b) as apart of the start-up package when initializing a new SAO office,
- (c) as approved by USEUCOM to increase current NTV authorizations.

\*(2) **Buy American Act.** IAW the Foreign Service Act, Section 636(I) of 1981, and the Arms Export Control Act (AECA), Section 42(C), (also known as the "Buy American Act"), SAOs are not authorized to purchase foreign indigenously manufactured NTVs. Exceptions to this regulation requires approval from HQ USEUCOM and from the Director of DSAA. All requests to purchase a foreign indigenously manufactured NTV will be forwarded to HQ USEUCOM ECJ4 prior to obligation of funds. An approval to procure a foreign indigenously manufactured NTV does not constitute a blanket approval to purchase multiple foreign indigenously manufactured NTVs. Approval to purchase foreign indigenously manufactured NTVs are based on the following:

(a) Situations where maintaining a low profile and blending into the daily traffic becomes prudent security and anti-terrorism measures. In most cases, D-T-D services are a prerequisite and require prior coordination with HQ USEUCOM ECSM.

(b) Maintenance and repair facilities are inadequate or not available to service and/or repair American manufactured vehicles.

(c) NTV equity between all assigned American Embassy Agencies facilitates economical and timely maintenance. Normally, NTV support is coordinated through the American Embassy Motor pool. Therefore, a common NTV fleet among all supported agencies minimizes the need to maintain a large pool of mechanics or a large stock of repair parts.

(d) Unified Command support and approval is a prerequisite to obtaining DSAA's approval.

### (3) Authorization

(a) All NTVs will be authorized by a current JTA.

(b) Increases in NTV authorizations must be approved by USEUCOM ECJ4-IDS, and must be justified by an expansion in SAO mission requirements. However, SAOs can seek approval for NTV leasing to accommodate temporary peaks in work loads, special events, or in cases of emergencies. **See Appendix B: Format for a Request for Authority to Increase NTV JTA Authorization.**

### \*(4) Replacement.

\*(a) Criteria. IAW reference g, determination for retirement or replacement of commercially designed NTVs is based on three criteria: age (10 years), mileage (90,000 miles), or cost of repairs (repair costs limited to 10 percent of the current acquisition cost). USEUCOM ECJ4-IDS has the authority to approve a request for a waiver for any one of the three criteria. However, DSAA reserves approval authority for requests for waivers of two or more criteria. As long as the NTV is operationally safe and economical to maintain, SAOs are encouraged to retain assigned NTVs, even if they have surpassed any or all of the authorized replacement criteria.

### \*(b) Procurement.

((1)) Funding. Funding for NTV procurements is divided into two funding sources: SA funds (T-20) and OMA funds, (BA 44). **SAOs are prohibited from using SA funds to replace OMA-funded NTVs.** Leasing is currently the only option available to replace OMA-funded NTV requirements.

((2)) Lease. SAOs are authorized to lease NTVs to satisfy peak-loads or unusual, or emergency requirements. Leasing is justified when other means of government or public transportation are not available or suitable.

((3)) Procedures. All requests for NTV procurements will be submitted in memorandum format for approval by HQ USEUCOM ECJ4-IDS, prior to the obligation of funds. Each request must include the registration number, vehicle identification number, type, make and model, year of manufacture, mileage, and funding source of the NTV being replaced. Additionally, state whether or not the NTV requires a waiver of any one of the three replacement criteria, and whether or not sufficient SA funds exists to make the purchase. All NTV procurements will be by competitive bidding. Upon ECJ4-IDS approval to purchase an NTV, and upon ECJ4-MS validation of sufficient funding, the SAO will prepare a Purchase Request and Commitment (PRC) DA Form 3953, or other Embassy approved procurement requisition documents, and process the request through the supporting Embassy's GSO. This will facilitate procurement IAW Federal Acquisition Regulations. SAOs are not authorized to direct contract for NTV procurements, or for any other purchases outside the limits imposed by the regulations governing the International Merchant Procurement Authorization Card (IMPAC). SAOs are authorized and encouraged to seek trade-in credit on the NTV being replaced. **See Appendix C: Format for NTV Vehicle Procurement.** Pursuant to reference n, if current SA funds are insufficient, the SAO will submit the NTV purchase request in the Unfinanced Requirement (UFR) format to ECJ4-MS for staffing and potential funding with year end funds. **See Appendix D: Format for Submitting Unfinanced Requirement.**

\*c. Inventory Requirements.

\*(1) **Guidelines.** References k outline inventory reporting requirements. All NTVs require formal property book accounting procedures and will be inventoried IAW AR 710-2, Chapter 2.

\*(2) **Armored Vehicles:** Report all Heavily Armored Vehicles (HAV) and Lightly Armored Vehicles (LAV) changes and inventories IAW reference m, and Force Protection Operations Order (TBP by USEUCOM ECSM).

\*d. Redistribution/Disposal.

\*(1) **Guidelines.** All requests for redistribution or disposal of an SAO NTV will be submitted in memorandum format to HQ USEUCOM ECJ4-IDS. **See Appendix E: Format for NTV Disposition Instructions**

\*(2) **Disposition Instructions.** HQ USEUCOM ECJ4 will provide the SAO with one of the following four disposition instructions:

- (a) transfer the NTV to the supporting Embassy for auction at the next Embassy GSO sale
- (b) transfer the NTV to the supporting Embassy, and have the Embassy General Services Officer (GSO) negotiated trade-in credit to be applied towards a replacement vehicle.
- (c) prepare the NTV for turn-in at a supporting Defense Reutilization Marketing Office (DRMO)
- (d) prepare lateral transfer documents (DA Form 3161) transferring the NTV to the organization as designated by USEUCOM ECJ4-IDS.

\*e. Dispatching Requirements.

(1) **Guidelines.** The SAO Chief is required to appoint a responsible person as the SAO NTV Manager/Dispatcher. **See Appendix F: Format for Appointment Orders as SAO NTV Manager.** Dispatching is the method by which the SAO Chief controls the use of NTVs. However, the Dispatcher and the NTV operator assumes responsibility for both the NTV and the operator's safety. SAO Chiefs must make sure that dispatching procedures are understood and followed.

\*(2) **Dispatcher duties include:**

- (a) filing requests for NTV uses.
- (b) checking to verify the NTV operator is licensed and authorized to use the NTV.
- (c) issuing and receiving appropriate dispatching forms, (DD Form 1970), or other alternative forms as approved by HQ USEUCOM ECJ4-IDS.
- (d) verifying the completeness and accuracy of the dispatch form.
- (e) making sure equipment faults are reported to maintenance personnel.
- (f) reporting any differences in stated and actual destinations or missions.
- (g) noting any services done during the dispatch of the NTV.
- (h) developing a cyclic maintenance program for tracking and scheduling operator-level and dealer-level (also called depot level) maintenance.
- (i) maintaining historical files tracking vehicle authorizations, vehicle usage in miles, fuel types used, fuel usage in gallons, fuel costs, direct maintenance costs, and indirect maintenance costs.

\*f. Maintenance Management.

(1) **Guidelines.** All SAO personnel will operate and maintain assigned NTVs in a safe and serviceable condition. Maintenance of SAO NTVs are divided into the following four categories:

(a) Operator Inspection and Service. Consists of inspecting and detecting vehicle malfunctions that make the unit unsafe or unserviceable. Operator service includes minor or simple parts replacement (wiper blades, fuses, light bulbs, valve caps, etc.) and servicing (water, fuel, air, tires, and battery) as specified by the owner's manual.

(b) Scheduled Inspection and Services. Consists of maintenance and services provided by qualified automotive inspectors at the servicing motor pool, dealership, or vehicle factory. Maintenance and services include annual safety inspections, and a 12,000 mile or annual serviceability inspections, whichever come first. **See Appendix G: Motor Vehicle Safety Inspection Checklist.**

(c) Unscheduled Maintenance and Services. Consists of actions taken to correct deficiencies that occur between scheduled safety inspections or other inspections and services as prescribed by the manufacturer. Unscheduled maintenance will be limited to items reported deficient and those which effect safety.

(d) Preventive Maintenance. IAW Section 10 Executive Order 12759, each SAO will give special attention to the following steps to ensure vehicles are maintained in a fuel efficient manner:

- ((1)) Maintain clean fuel and air filters.
- ((2)) Maintain clean fuel injection system.
- ((3)) Use of a multi-grade, energy conserving engine oil of the lowest viscosity recommended by the vehicle manufacturer and based on the lowest temperature for the period the oil is in the engine.
- ((4)) Maintain wheel alignment and tire pressure as recommended by the vehicle manufacturer.

(2) **Maintenance Support**. Each SAO will coordinate through the supporting American Embassy for host-tenant maintenance support. To the fullest extent possible, SAOs will use commercial maintenance support as a last resort.

\* g. Accident Prevention, Reporting, and Investigations

(1) **Safety and Accident Prevention**. Each SAO will develop safety and accident prevention programs for the safe operation of DoD NTVs. Programs developed will be specific in nature, include written guidelines for the safe operation of NTVs, and widely distributed so that all SAO NTV operators are knowledgeable of recognized safety and accident prevention practices. Guidance must include provisions for the mandatory use of seat belts, and as a minimum, a prohibition against smoking in all government owned and leased NTVs.

(2) **Accident Reporting**. DoD Instruction 6055.7, reference c, requires all accidents involving DoD vehicles be reported. All accidents and incidents, including occupational illnesses and injuries, regardless of how minor, occurring to SAO personnel or property are reportable to HQ USEUCOM ECJ4-IDS. Persons involved in or aware of an accident will promptly report it to the SAO Chief or supervisor directly responsible for the operation, materiel, or person(s) involved. All accidents will be reported to HQ USEUCOM ECJ4-IDS, as soon as possible, but not later than 72 hours after the accident has occurred.

(3) **Telephonic Accident Reporting**. Accidents which involve major damage (i.e., the vehicle can not be driven from the scene of the accident), or injury to passenger(s) of either the vehicle, or to pedestrians, will be telephonically reported to HQ USEUCOM ECJ4. The SAO Chief, or his/her designate representative will ensure the personnel involved in the accident complete the DA Form 285 (U.S. Army Accident Report) The following forms are available from CD ROM, Department of the Army Publications and Electronic Forms, and from the USEUCOM Web Home Page. **For a sample of these blank forms see the following appendixes:**

- (a) Appendix H: DD Form 518, (Accident Identification Card)
- (b) Appendix I: DA Form 285, (Army Accident Report)
  - DA Form 285-AB-R, (U.S. Army Abbreviated Ground Accident Report)
  - DA Form 7305-R, (Worksheet for Telephonic Notification of Aviation Accident/Incident)
  - DA Form 7306-R, (Worksheet for Telephonic Notification of Aviation Accident)

(4) **Investigations.** Each SAO Chief will direct an investigation of each accident involving a DoD owned or leased NTV, and determine the cause(s) and surrounding circumstances, including how the accident could have been prevented. IAW DoD Directive 7200.11, reference d, NTV accident investigation reports may be used to document an inquiry to determine the facts and circumstances leading to the loss, damage, or destruction of Government property, e.g., an NTV.

\*h. Management Forms.

\*(1) **Guidance.** HQ USEUCOM ECJ4 is required to monitor official and unofficial uses, operating and maintenance costs, and replacement requirements for all assigned SAO NTVs. Therefore, each SAO is required to submit to HQ USEUCOM ECJ4-IDS a Nontactical Vehicle Usage Report. The report consists of two parts: Part I of the report consists of the Standard Form 82, and Part II consists of the Vehicle Identification Data. The reporting period begins 1 October and ends 30 September of the following year, and is due 30 calendar days following the end of the fiscal year. **See Appendix J: Instructions for Completing Agency Report of Motor Vehicle Data, SF 82, Part I, and Appendix K: Instructions for Submitting Vehicle Identification Data, Part II.**

\*(2) **Forms.** SAOs are required to use the following forms in the execution of an internal NTV Management Program.

\*(a) Motor Equipment Utilization ( DD Form 1970). The DD Form 1970 is the USEUCOM standard form for controlling the use and operating time of nontactical vehicles. This form will also be used to document mileage, destinations, frequency of use, and any preventive maintenance measures, or fuel added during the course of vehicle operation. Requests for an exception to use an alternative dispatching form will be forwarded to HQ USEUCOM ECJ4-IDS. The request will include a copy of the form intended for use in lieu of the DD Form 1970, and a justification as to why this form better suits your mission requirements. The vehicle dispatcher is required to maintain a historical file containing the current year and the previous year's DD Form 1970s. **See Appendix L: DD Form 1970, a Sample DD Form 1970 completed, Instructions for completing the DD Form 1970, and A Sample DD Form 1970 (Modified).**

\*(b) Organizational Control Record for Equipment, (DA Form 2401). The DA Form 2401 will be used to track who is using the NTV, where the NTV is, and when the NTV is expected to return. It provides the SAO Chief with a record of operators and location of NTV on dispatch or in use. The Organizational Dispatcher will maintain historical logs of all DA Form 2401s for a period of one year beginning 1 October and ending 30 September of the following year. **See Appendix M: DA Form 2401.**

\*(c) Equipment Inspection and Maintenance Worksheet, (DA Form 2404). The DA Form 2404 is used to record faults found during an operator's pre-inspection, and as a record for an estimated cost of damage. The form will be used by personnel performing inspections, maintenance services, diagnostic checks, technical inspections, and Preventive Maintenance Checks and Services (PMCS). The dispatcher may destroy the DA Form 2404 when all vehicle deficiencies have been corrected. **See Appendix N: DA Form 2404.**

(d) Maintenance Request Register, (DA Form 2405). The DA Form 2405 is a maintenance management record, and identifies all open maintenance requests. The Organizational Dispatcher will maintain a historical file of all DA Form 2405 for a period of one year beginning 1 October and ending 30 September of the following year. All open maintenance requests will be brought forward to the new fiscal year and tracked until the maintenance work order is complete. **See Appendix O: DA Form 2405.**

(e) Equipment Maintenance Log (Consolidated), (DA Form 2409). The DA Form 2409 provides a maintenance history of assigned NTVs and provides a means for tracking NTV maintenance costs. The Organizational Dispatcher will maintain a historical file of all DA Form 2409 for a period of one year beginning 1 October and ending 30 September of the following year. **See Appendix P: DA Form 2409.**

(f) Fuel Coupon and/or Credit Cards Register. IAW AR 710-2-1, Chapter 4, paragraph 4-25, all fuel coupons and fuel credit cards are considered negotiable media and require formal property accounting procedures. Each SAO will develop a control log to track, account for, and document fuel expenditures.. The register needs to be detailed enough to document annual fuel costs and amount of fuel consumed in gallons by fuel types, ( i.e. leaded or unleaded gasoline, diesel, etc.). **See Appendix Q: DA Form 4702-R, Quarterly Gas Coupon Accounting Summary, a Sample Fuel Coupon Issue Record, and a Fuel Coupon Log** These forms can be modified to reflect fuel credit card use and expenditures. The property manager will reconcile this information monthly with the fiscal resource manager to ensure no discrepancies. The NTV Manager will use the monthly cumulative totals to complete the information required on the annual SF 82 Report.

FOR THE COMMANDER IN CHIEF:

OFFICIAL:

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DISTRIBUTION:  
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#### Appendixes

- A - References
- B - Format for a Request for Authority to Increase Nontactical Vehicle JTA Authorization
- C - Format For Nontactical Vehicle Procurement
- D - Format for Submitting Unfinanced Requirement
- E - Format for Nontactical Vehicle Disposition Instructions
- F - Format for Appointment Orders as SAO NTV Manager/Dispatcher
- G - Motor Vehicle Safety Inspection Checklist
- H - DD Form 518, Accident Identification Card
- I - DA Form 285: U.S. Army Accident Report
  - DA Form 285-AB-R: U.S. Army Abbreviated Ground Accident Report
  - DA Form 7305-R: Telephonic Notification Of Aviation Accident/Incident
  - DA Form 7306-R: Telephonic Notification Of Ground Accident
- J - Instructions For Completing Agency Report Of Motor Vehicle Data, SF 82, Part I

K - Instructions For Submitting Vehicle Identification Data, Part II  
L - DD Form 1970, Motor Equipment Record  
M - DA Form 2401, Organizational Control Record For Equipment  
N - DA Form 2404, Equipment Inspection and Maintenance Worksheet  
O - DA Form 2405, Maintenance Request Register  
P - DA Form 2409, Equipment Maintenance Log  
Q - Fuel Coupon and Credit Card Control Registers  
    DA Form 4702-R, Quarterly Gas Coupon Accounting Summary  
    Fuel Coupon Issue Record  
    Fuel Coupon Log

**APPENDIX A**  
**REFERENCES**

- a. DoD Regulation 4500.36-R, OPNAVINST 11240.8G, Management, Acquisition and Use of Motor Vehicles, dated March 1994
- b. DoD Directive C-4500.51, DoD Nontactical Armored Vehicle Policy (U) (C), dated 4 May 87.
- c. DoD Instruction 6055.7, Mishap Investigation, Reporting, and Record Keeping, April 10, 1989.
- d. DoD Directive 7200.11, Liability for Government Property Lost, Damaged, or Destroyed, dated 26 October 1993.
- e. DoD Directive 1015.6, Funding of Morale, Welfare, and Recreation Programs.
- f. AR 1-75, OPNAVINST 4900.31G, AFR 400-45, Administration and Logistical Support of Overseas Security Assistance Organizations (SAOs), dated 10 October 1989.
- g. C 1, AR 58-1, Management, Acquisition, and Use of Administrative Motor Vehicles, dated 1 March 1981.
- h. AR 385-40, Accident Reporting and Records, dated 1 April 1987.
- i. AR 710-2, Inventory Management Supply Policy Below the Wholesale Level, dated 28 February 1994
- j. AR 735-5, Policies and Procedures for Property Accountability, dated 28 February 1994
- k. DA Pam 710-2-1, Using Unit Supply System (Manual Procedures, dated 28 February 1994
- l. DA PAM 738-750, The Army Maintenance Management System (TAMMS), Maintenance Update 13, dated 27 September 1991.
- m. ED 25-9, Nontactical Armored Vehicle Program, dated 16 Aug 95.
- n. ED 50-2, Administration and Control of Financial Resources, dated 2 Jan 97.
- o. ED 50-8, Internal Management Control Program, dated 28 Jan 94.
- p. ED 90-6, Administration of Security Assistance Organizations (SAO), dated 24 Aug 1994.
- q. USAREUR Regulation 58-1, Management, Acquisition, and Use of Administrative Nontactical Vehicles, dated April 1993.
- r. Joint Manpower Program, Security Assistance Program, JCS Approved, FY 98-03, dated September 1997.
- s. USEUCOM ODC/SAO Command Inspection Guide, dated 1 August 1997.

**APPENDIX B**

**FORMAT FOR A REQUEST FOR AUTHORITY TO INCREASE NONTACTICAL VEHICLE JTA  
AUTHORIZATION**

(Letterhead)

(SAO Office Symbol)

(DATE)

MEMORANDUM FOR Headquarters, United States European Command, ATTN: ECJ4-IDS, Unit  
30400, Box 1000, APO AE 09128

SUBJECT: Request Authority to Increase Nontactical Vehicle (NTV) JTA Authorization

1. Request authority to increase NTV JTA authorizations as follows:
  - a. Vehicle category (Sedan/Station Wagon, Van, Ambulance, Bus, 4X2, or 4X4)
  - b. JTA Line Number (LIN) associated with item 1a.
  - c. Vehicle type, make and model of the NTV to be purchased.
  - d. Funding source (SA or OMA)
  - e. State whether or not the NTV will be lightly armored (LAV) or heavily armored (HAV)
  - f. State whether or not your current operating budget is sufficient to make the NTV purchase. If not, attach a request for the NTV purchase to be considered in the Unfinanced Requirement (UFR) process.
2. Justification. (State the circumstances necessitating the increase in NTV authorization).
3. (Impact statement if this request is disapproved.)
4. (POC for the request with commercial phone and fax number and email address.)

Encl(s)

(SAO Chief Signature Block)

**APPENDIX C**

**FORMAT FOR NONTACTICAL VEHICLE PROCUREMENT**

(Letterhead)

(SAO Office Symbol)

(DATE)

MEMORANDUM FOR Headquarters, United States European Command ATTN: ECJ4-IDS, Unit 30400,  
Box 1000, APO AE 09128

SUBJECT: Request for Authorization to Purchase a Nontactical Vehicle (NTV)

1. Request authorization to purchase a NTV to replace the following vehicle authorization:
  - a. JTA Line Number (LIN as it appears on the JTA and the property record DA Form 3328)
  - b. Registration number
  - c. Vehicle identification number
  - d. Vehicle type, make and model
  - e. Year the vehicle was manufactured
  - f. Current mileage in miles
  - g. Funding source (SA or OMA)
  - h. State whether or not the NTV is lightly armored (LAV) or heavily armored (HAV)
  - i. State whether or not your current operating budget is sufficient to make the NTV purchase. If not, attach a request for the NTV purchase to be considered in the Unfinanced Requirement (UFR) process. See format in Appendix B, page B-2.
  - j. Attach a copy of the Purchase Request and Commitment (PRC), DA Form 3953 or other forms as required by the servicing Embassy General Services Officer.
2. IAW ED 64-2, paragraph 9b(3)(a), this request (does/does not) require a waiver for (mileage, age, or cost of repair).
3. The SAO Chief or his/her designated representative has verified the NTV is authorized by the JTA and mission support requirements dictate the need for a replacement NTV.
4. (Impact statement if this request is disapproved.)
5. (POC for the request with commercial phone and fax number)

Encl(s)

(SAO Chief Signature Block)

**APPENDIX D**

FORMAT FOR SUBMITTING UNFINANCED REQUIREMENT (UFR)

HQ, UNITED STATES EUROPEAN COMMAND

FY \_\_ UNFINANCED REQUIREMENT

DIRECTORATE/STAFF SECTION: \_\_\_\_\_

TITLE: \_\_\_\_\_

SUB-ACTIVITY GROUP (SAG): \_\_\_\_\_ PROGRAM ELEMENT: \_\_\_\_\_ MDEP: \_\_\_\_\_

PROGRAM DIRECTOR PRIORITY WITHIN SUB-ACTIVITY GROUP: \_\_\_\_\_

DOLLAR AMOUNT UNFINANCED: \_\_\_\_\_

CAN UFR BE INCREMENTALLY FUNDED (YES OR NO): \_\_\_\_\_

DROP DEAD DATE(S) FOR FUNDING DURING THE EXECUTION YEAR: \_\_\_\_\_

**DESCRIPTION OF REQUIREMENT:**

**IMPACT IF NOT FUNDED:**

POC/PHONE #: \_\_\_\_\_

RESOURCE POC/PHONE #: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: DIRECTOR/DEPUTY DIRECTOR, ECJ4

**APPENDIX E**

**FORMAT FOR NONTACTICAL VEHICLE DISPOSITION INSTRUCTIONS**

(Letterhead)

(SAO Office Symbol)

(DATE)

MEMORANDUM FOR Headquarters, United States European Command ATTN: ECJ4-IDS, Unit 30400,  
Box 1000, APO AE 09128

SUBJECT: Request for Nontactical Vehicle (NTV) Disposition Instructions

1. Request authorization to dispose of the following NTV:
  - a. JTA Line Number (the LIN as it appears on the JTA and the property record DA Form 3328)
  - b. Registration Number
  - c. Vehicle Identification Number
  - d. Vehicle Type, Make and Model
  - e. Year the Vehicle was Manufactured
  - f. Current Mileage in miles
  - g. Funding Source (SA or OMA)
  - h. State whether or not the NTV is lightly armored (LAV) or heavily armored (HAV)
  - i. State whether or not your current operating budget is sufficient to replace the NTV. If not, state whether or not an Unfinanced requirement is submitted to replace the NTV.
2. Reference disposal criteria as outlined in paragraph 9b(3)(a) of ED 64-2, this request (does/does not) require a waiver for (mileage, age, or cost of repair).
3. The SAO Chief or his/her designated representative has verified the NTV is authorized by the JTA and mission support requirements dictate the need for a replacement NTV.
4. (Impact statement if this request is disapproved.)
5. (POC for the request with commercial phone and fax number)

Encl(s)

(SAO Chief Signature Block)

**APPENDIX F**

**FORMAT FOR APPOINTMENT ORDER AS SAO NTV MANAGER/DISPATCHER**

ECJ4-ID (710)

(DATE)

MEMORANDUM FOR (Individual's Name), SAO (Country), SAO Address

SUBJECT: Additional Duty Appointment

1. Effective this date you are appointed as Nontactical Vehicle Manager and/or Dispatcher for vehicle(s) assigned to SAO (Country Name), Unit Identification Code (UIC): \_\_\_\_\_.
2. Period: Indefinite.
3. Authority: AR 735-5, AR 710-2, DA PAM 710-2-1, and DA Pam 738-750.
4. Special Instructions:
  - a. You are responsible and accountable for all property assigned and/or on loan to SAO, (Country).
  - b. NTV authorizations are limited to those approved by the Joint Table of Allowances.

(Signature Block, Chief of SAO)

**APPENDIX G****MOTOR VEHICLE SAFETY INSPECTION CHECKLIST****VEHICLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_**INSPECTOR:** \_\_\_\_\_

COMPONENT	PROCEDURE	PASS	FAIL
Brakes	a. Test to determine if functioning properly b. Check brake pedal. c. Check right front brake drum, inspect for wear or cracking, check wheel cylinder for leaks, and deterioration. If excessive wear, remaining drums will be inspected. d. Check all hydraulic brake lines for leaks and condition. Fill with fluid. e. Airbrake Systems (N/A) f. Disc Brakes, inspect disc and pads.	N/A	
Lights	a. Check all lights, signals, and reflectors b. Inspect trailer jumper cables. c. Check headlights for alignment.	N/A	
Instruments, Controls, Warning Devices	Check all instruments, gages, mirrors, switches controls, horns, and warning devices to ensure functioning properly.		
Exhaust System	Check muffler, exhaust, tailpipes for all connections and/or leaks.		
Steering System	Check all steering devices and linkage for wear, alignment, and damage.		
Safety Belts	Check all safety belts for wear and proper mounting.		
Fifth Wheel and Trailer King Pin	Check fifth wheel operation and safety lock. Check trailer king pin for wear damage.	N/A	
Tires	a. Check all tires for damage and excess wear. b. Check wheel lug nuts for tightness.		
Windshield Wipers, and Washers, Glass, and Defrosters	Check for proper operation, wear damage, and deterioration.		

**APPENDIX H**

**ACCIDENT - IDENTIFICATION CARD  
DD FORM 518**

1. The DD Form 518 can be found on the Internet and on the EUCOM's home page.
2. Enter the following address in the block labeled "Any correspondence regarding the accident should be addressed to"

HQ USEUCOM  
UNIT 30400, BOX 1000  
APO AE 09128

3. Date of Accident: Enter the date the accident actually happened.
4. Enter the make and model of the vehicle.
5. Enter the registration number of the vehicle involved in the accident.
6. Enter the driver's name.
7. Enter the driver's social security number. If the driver was not a U.S. Citizen, enter the personal identification number as recognized by their host country.
8. Enter the driver's grade.
9. Enter the organization for which the driver is assigned.

## APPENDIX H

# OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT SF 91

## 14. OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT

Tell in your own way how  
the accident happened:

## OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

DEPARTMENT OR AGENCY

This form is to be completed by the  
Government operator at the time and  
the scene of the accident if possible.  
See the Privacy Act Statement on  
page 4.

NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED

1. OPERATOR DATA

Print clearly	LAST NAME	FIRST NAME	MIDDLE INITIAL	AGE
RANK, RATING OR TITLE	SERVICE NUMBER OR SOCIAL SECURITY NO.		GOVT. MOTOR VEHICLE OPERATOR PERMIT NO.	
HOME ADDRESS (Number, street, city, State, ZIP code)				HOME TELEPHONE NO.

2. ACCIDENT TIME AND LOCATION

ACCIDENT OCCURRED	DATE	DAY OF WEEK	TIME	a.m. p.m.	NUMBER OF HOURS OR DUTY PRIOR TO ACCIDENT
PLACE OF ACCIDENT (If in city, give number, street, city and State, if outside city limits, indicate mileage to nearest city, or other landmark.)					
ORIGIN OF TRIP			DESTINATION		
PURPOSE OF TRIP					

3. FEDERAL VEHICLE DATA  
(If vehicle is privately owned)

MAKE	TYPE	REGISTRATION NUMBER OR OTHER IDENTIFICATION
PARTS OF VEHICLE DAMAGED (Describe)		OPERATOR'S ESTIMATED AMOUNT OF DAMAGE
IF THIS WAS A BACKING ACCIDENT, WAS A GUIDE AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," was guide used? <input type="checkbox"/> YES <input type="checkbox"/> NO		

4. OTHER VEHICLE INVOLVED (If more than one, show in item 12, page 3)

MAKE	TYPE	YEAR
OPERATOR'S STATE PERMIT NUMBER		VEHICLE LICENSE NUMBER AND STATE
OPER- ATED BY	NAME	
	HOME ADDRESS (Number, street, city, State, ZIP code)	
OWNED BY	NAME	
	ADDRESS (Number, street, city, State, ZIP code)	
PARTS OF VEHICLE DAMAGED (Describe)		OPERATOR'S ESTIMATED AMOUNT OF DAMAGE

5. OTHER PROPERTY DAMAGED (Explain. If more space is needed, continue in item 12, page 3.)

WAS VEHICLE EQUIPPED  
WITH SEAT BELTS?☐ YES☐ NOIf "Yes," were they in use  
at time of accident?☐ YES☐ NO

Have you answered ALL the questions as completely as possible?

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

OPERATOR  
SIGN HERE

DATE SIGNED

91-108

STANDARD FORM 91 PAGE 1 (REV. 31-76)

(SF 91, pages 1 and 4)

## 14. OPERA

## STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT

Tell in your own way how  
the accident happened:

WAS VEHICLE EQUIPPED  
WITH SEAT BELTS?

☐ YES

☐ NO

If "Yes," were they in use  
at time of accident?

☐ YES

☐ NO

● Have you answered ALL the questions as completely as possible?

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

OPERATOR  
SIGN HERE ►

DATE SIGNED

# OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

This form is to be completed by the  
Government operator at the time and  
the scene of the accident if possible.  
See the Privacy Act Statement on  
page 4.

DEPARTMENT OR AGENCY

NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED

1. OPERATOR DATA	LAST NAME		FIRST NAME	MIDDLE INITIAL	AGE
	RANK, RATING OR TITLE		SERVICE NUMBER OR SOCIAL SECURITY NO.		GOVT. MOTOR VEHICLE OPERATOR PERMIT NO.
	HOME ADDRESS (Number, street, city, State, ZIP code)				HOME TELEPHONE NO.
2. ACCIDENT TIME AND LOCATION	ACCIDENT OCCURRED	DATE	DAY OF WEEK	TIME	NUMBER OF HOURS ON DUTY PRIOR TO ACCIDENT
	PLACE OF ACCIDENT (If in city, give number, street, city and State, if outside city limits, indicate mileage to nearest city, or other landmark.)				
	ORIGIN OF TRIP			DESTINATION	
3. FEDERAL VEHICLE (Including privately owned Federally operated)	MAKE		TYPE	REGISTRATION NUMBER OR OTHER IDENTIFICATION	
	PARTS OF VEHICLE DAMAGED (Describe)				OPERATOR'S ESTIMATED AMOUNT OF DAMAGE
	IF THIS WAS A BACKING ACCIDENT, WAS A GUIDE AVAILABLE?				
	<input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," was guide used? <input type="checkbox"/> YES <input type="checkbox"/> NO				
4. OTHER VEHICLE INVOLVED (If more than one, show in item 12, page 3)	MAKE		TYPE	YEAR	
	OPERATOR'S STATE PERMIT NUMBER			VEHICLE LICENSE NUMBER AND STATE	
	OPERATED BY	NAME			
		HOME ADDRESS (Number, street, city, State, ZIP code)			
	OWNED BY	NAME			
ADDRESS (Number, street, city, State, ZIP code)					
PARTS OF VEHICLE DAMAGED (Describe)				OPERATOR'S ESTIMATED AMOUNT OF DAMAGE	

5. OTHER PROPERTY DAMAGED (Explain. If more space is needed, continue in item 12, page 3.)

## APPENDIX H

OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT  
SF 91

10. ACCIDENT CIRCUMSTANCES		11. EVENTS AFTER ACCIDENT		12. OTHER VEHICLE OR PROPERTY INVOLVED		13. DIAGRAM WHAT HAPPENED BY USING THESE SYMBOLS, BELOW	
1. UNINSURED MOTORIST 2. OCCUPANTS IN YOUR VEHICLE 3. WITNESSES AND POLICE		4. STATE WHO GAVE MEDICAL AID, IF ANY WAS GIVEN 5. WHERE WAS INJURED TAKEN 6. CONDITION OF OTHER DRIVER 7. If other driver or persons injured made statements as to cause of accident and extent of personal or property damage, relate conversation, also, give names and addresses of others hearing such statements		8. MAKE 9. TYPE 10. YEAR 11. OPERATOR'S STATE PERMIT NUMBER 12. VEHICLE LICENSE NUMBER AND STATE		13. NAME 14. HOME ADDRESS (Number, street, city, State, ZIP code) 15. NAME 16. ADDRESS (Number, street, city, State, ZIP code)	
17. POLICE OFFICER 18. BADGE NUMBER 19. PRECINCT OR HEADQUARTERS							
20. INDICATE: 21. DIRECTION OF TRAVEL 22. SIDE OF STREET OR HIGHWAY 23. APPROXIMATE SPEED 24. CONDITION OF ROADWAY (Wet or dry, icy, etc.) 25. WEATHER (Clear, foggy, rain, snow, etc.) 26. TYPE OF ROADWAY (concrete, macadam, etc.) 27. OTHER INFORMATION (Explain stop signs, traffic signals, obstructions, etc.)		28. FEDERAL VEHICLE (Indicates primarily owned Federally operated) 29. OTHER VEHICLE (Z) 30. MILES PER HOUR 31. MILES PER HOUR		32. PARTS OF VEHICLE DAMAGED (Describe) 33. OTHER PROPERTY DAMAGED (Explain)		34. OPERATOR'S ESTIMATED AMOUNT OF DAMAGE \$	
35. STANDARD FORM 91 PAGE 2 (REV. 11-76)							

**APPENDIX I**

**ACCIDENT REPORTING FORMS**

- I-1-1. DA Form 285: U.S. Army Accident Report
- I-2. DA Form 285-AB-R: U.S. Army Abbreviated Ground Accident Report
- I-3-1. DA Form 7305-R: Telephonic Notification Of Aviation Accident/Incident
- I-4-1. DA Form 7306-R: Telephonic Notification Of Ground Accident

# U.S. ARMY ACCIDENT REPORT

For use of this form, see AR 385-40, the proponent agency is OCSA

FOR USASC USE ONLY

Requirement Control Symbol  
CSOCS-308

## SECTION A - ACCIDENT INFORMATION

1. CHECK ONE <input type="checkbox"/> a. INITIAL <input type="checkbox"/> b. CHANGE			2. UIC (Unit Identification Code) (6-Digit Code of Unit Having Accident)		3a. UNIT NAME AND MILITARY ADDRESS			3b. BRANCH (Armor, Infantry, etc.)				
4. DATE OF ACCIDENT a. YR.    b. MO.    c. DAY			5. TIME OF ACCIDENT (Local Military Time)		6. PERIOD OF DAY (Check one) <input type="checkbox"/> a. Day <input type="checkbox"/> b. Night		7. ACCIDENT OCCURRED (Check one) <input type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post		8. IF ON POST, NAME OF INSTALLATION/FACILITY		9. ACCIDENT OCCURRED DURING (Check one) <input type="checkbox"/> a. Combat <input type="checkbox"/> b. Non-Combat	
10. WERE EXPLOSIVES OR AMMUNITION INVOLVED OR PRESENT? <input type="checkbox"/> Yes (See Instruction Book) <input type="checkbox"/> No					11. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) (State type of location.)							

## SECTION B - PERSONNEL INFORMATION

12. NAME (Last, First, MI)			27. CLASSIFICATION AT TIME OF ACCIDENT (Check)			28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Check the most serious)		
13. SOCIAL SECURITY NUMBER (SSN)			14. AGE			a. Struck Against		
15. SEX (Check) <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female			16. RANK OR GRADE			b. Struck By		
17. MOS OR JOB SERIES			c. Army Contractor			c. Fell from Elevation		
18. ADDRESS (Use Official Address for All Military or Government Personnel) (If different than block 3, add UIC.)			d. Nonappropriated Fund (NAF)			d. Fell from Same Level		
			e. Other U.S. Military			e. Caught In/ Under/ Between		
			f. ROTC			f. Rubbed/abraded		
			g. Dependent			g. Bodily Reaction		
19. DUTY STATUS AT TIME OF ACCIDENT (Check one) <input type="checkbox"/> a. On Duty <input type="checkbox"/> b. Off Duty			20. FLIGHT STATUS (Check one) <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No			29. BODY PART(S) AFFECTED (Check primary) (No more than 3)		
CONTINUOUS DUTY (hrs.) (Without sleep)			22. HRS. SLEEP IN LAST 24			a. Body (General)		
23. DAYS LOST (Est. no. of days lost from work; not counting day of injury. Bed rest/on quarters.)			24. DAYS HOSPITALIZED (Est. no. of days hospitalized receiving treatment; not for observation only.)			b. Head		
25. DAYS OF RESTRICTED WORK ACTIVITY (Est. no. of days person cannot perform regular duties; light duty/profile.)						c. Forehead		
26. SEVERITY OF ILLNESS/INJURY (Check one)						d. Eyes		
a. Fatal						e. Nose		
b. Permanent Total Disability. Person can never again do gainful work.						f. Jaw		
c. Permanent Partial Disability. Person loses or can never again use a body part						g. Neck		
d. Days Away from Work. Person misses one or more workdays; bed rest/on quarters.						h. Trunk		
e. Restricted Work Activity. Person is temporarily unable to perform regular duties; light duty/profile.						i. Chest		
f. First Aid Only. Person has one-time treatment of minor injury. (No lost work days.)						j. Heart		
g. No Injury.						k. Back		
						l. Shoulder		
						m. Arm		
						n. Wrist		
						o. Head		
						30. TYPE OF INJURY/ILLNESS (Check the most serious)		
						a. Burns (Chemical)		
						b. Burns (Thermal)		
						c. Amputation		
						d. Decompression Sickness		
						e. Asphyxiation (Suffocation)		
						f. Fractures		
						g. Dislocation		
						h. Abrasions		
						i. Concussion		
						j. Sprain/Strain		
						k. Cuts/Lacerations		
						l. Contusion		
						m. Puncture Wound		
						n. Hernia, Rupture		
						o. Frostbite		
						p. Heat Stroke		
						q. Heat Exhaustion		
						r. Noise Injury/Illness		

# SECTION B - PERSONNEL INFORMATION (Continued)

31. Person's action(s) at time of accident (Check one and explain in Block 32.)

a. Soldiering	j. Test/Study/Experiments	s. Fabricating	aa. Hobbies
b. Combat Soldiering	k. Educational	t. Handling Material/Passengers	bb. Passenger
c. Physical Training	l. Information and Arts	u. Janitorial/ Housekeeping/ Grounds Keeping	cc. Human movement
d. Weapons Firing	m. Food and Drug Inspection		dd. Horseplay
e. Engineering or Construction	n. Laundry/Dry Cleaning Services	v. Food/Drink Preparations	ee. Bystanding/spectating
f. Communications	o. Pest/Plant Control	w. Supervisory	ff. Personal Hygiene/Food/Drink Consumption/Sleeping
g. Security/Law Enforcement	p. Operating Vehicle or Vessel	x. Office	gg. Parachuting (See Instructions)
h. Fire Fighting	q. Handling Animal	y. Counseling/Advisory	
i. Patient Care (People/Animals)	r. Maintenance/Repair/Service	z. Sports	

32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

33. ON FIELD EXERCISE (Check one)  <input type="checkbox"/> a. Yes (If YES, specify name of exercise.) <input type="checkbox"/> b. No	34. ACTIVITY PART OF TACTICAL TRAINING? (Check one)  <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No	35. Type of training facility being used (Check one)  a. Garrison b. Local training area c. Major training area d. NTC e. JRTC f. CMTC g. Std. range facility/live fire h. Other (Specify)
--	--	---

36. Type of training participating in at the time of accident (Check/specify)  a. School (Specify) b. UNIT → (1) Platoon (2) Crew (3) Individual c. On-the-job training d. Other (Specify)	37. Last time individual received training prior to accident on activity specified in block 31? (Check one)  a. 0 - 3 months b. 3 - 6 months c. 6 - 9 months d. 9 - 12 months e. 1 - 2 years f. More than 2 years g. Never h. Not applicable
---	---

38. Required protective equipment  CHECK APPROPRIATE BLOCK(S)  a. Seat belt b. Helmet c. Goggles/glasses d. Gloves e. Ear plugs f. Other (Specify)	39. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT? (Check one)  <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. N/A	40. DID ALCOHOL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one)  <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown
	41. If drugs caused/contributed to this accident, check appropriate block.  a. Prescription b. Illegal c. Over-the-counter d. None	42. Were vision enhancement devices being used? (Check appropriate block.)  a. Yes (Specify type/model in c and d.) b. No c. TYPE d. MODEL

43. Standard/Reference covering activity/task  a. Soldier's Manual (Task No.) b. CTT (Task No.) c. AR/TM/FM (Specify) d. SOP e. None (Go to block 45.)	44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one)  <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No (If NO, complete blocks 46-47.)	45. DID INDIVIDUAL MAKE A MISTAKE? (Check one)  <input type="checkbox"/> a. Yes (If YES, complete blocks 46-47.) <input type="checkbox"/> b. No
--	---	---

46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.)

47. Why was mistake made/activity performed incorrectly? (Check the most important reason and specify in Block 63.)

a. Inadequate school training (content/amount)	f. In a hurry	k. Inadequate services
b. Inadequate unit training (content/amount)	g. Poor/bad attitude	l. Improper equipment design
c. Inadequate on-the-job training (content/amount)	h. Lack of rest/sleep	m. Inadequate written procedures (AR, TM, SOP)
d. Fear/excitement	i. Effects of alcohol/drugs	n. Improper supervision
e. Overconfident in own/others abilities	j. Inadequate facilities	o. Other (Specify in narrative)

# SECTION B - PERSONNEL INFORMATION (Continued)

48. Time licensed on this vehicle (Check one)		49. Total AMV driving mileage (Check one)		50. Total time in unit (Check one)	
a. Less than one year		a. Less than 1,000 miles		a. Less than 6 months	
b. One to two years		b. 1,000 - 5,000 miles		b. 6 months - 1 year	
c. Over two years		c. 5,000 - 10,000 miles		c. Over one year	
d. Unlicensed		d. Over 10,000 miles			

51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in block 12 to the equipment/vehicle below.)

☐ Item A ☐ Item B ☐ Item C ☐ Other (Specify)

## SECTION C - PROPERTY/MATERIAL INVOLVED (Whether Damaged or Not)

	ITEM A	ITEM B	ITEM C
52. Type of item			
53. Model number			
54. Ownership (DOD, DA, POV, Unit Person)			
55. Dollar cost of damage.			
56. Rollover protection system installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
57. Was this item being towed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
58. If towed, enter letter for item doing towing.			
59. Types of collision codes (Pick up to three from list below and enter in blocks.) (In sequence)			

### Types of Collisions

- |  |   |
|--|---|
| 1- Going forward and collided with moving vehicle        | 7- Ran off the road                             |
| 2- Going forward and collided with parked vehicle        | 8- Jackknifed                                   |
| 3- Collision while backing                               | 9- Going forward and rear-ended moving vehicle  |
| 4- Collision with pedestrian                             | 10- Going forward and rear-ended parked vehicle |
| 5- Collision with object (other than vehicle/pedestrian) | 11- Collision while turning                     |
| 6- Overturned  | 12- Other (Specify)                             |

60. Component/Part that Failed/Malfunctioned (Complete this section if a materiel failure/malfunction caused/contributed to the accident.)

	ITEM A	ITEM B	ITEM C
a. National Stock Number			
b. Part Number			
c. Describe Part			
d. Manufacturer's Identification Code			
e. EIR/QDR Number			

61. How/Why Part Malfunctioned (Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.)	HOW	WHY	HOW	WHY	HOW	WHY

### How Part Failed/Malfunctioned Codes

- |                               |                              |
|-------------------------------|------------------------------|
| 1- Overheated/burned/melted   | 9- Twisted/torqued           |
| 2- Froze (temperature)        | 10- Compressed/hit/punctured |
| 3- Obstructed/pinched/clogged | 11- Bent/warped              |
| 4- Vibrated                   | 12- Sheared/cut              |
| 5- Rubbed/worn/frayed         | 13- Decayed/decomposed       |
| 6- Corroded/rusted/pitted     | 14- Electric current action  |
| Overpressured/burst           | 15- Unknown/Other            |
| Pulled/stretched              | Blank- Not Reported          |

### Why Part Failed/Malfunctioned Codes

- |  |
|--|
| 1- Improper equipment design                   |
| 2- Inadequate maintenance                      |
| 3- Inadequate manufacture of equipment         |
| 4- Inadequate written procedures (AR, TM, SOP) |
| 5- Improper supervision                        |
| 6- Unknown                                     |
| 7- Other (Specify in narrative)                |

**U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)**  
 For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA

**REQUIREMENT CONTROL SYMBOL**  
**CSOCS-308**

1. TIME & DATE OF ACCIDENT	a. Yr	b. Mth	c. Day	d. Time	2. PERIOD OF DAY	Day	Night	3. ACDT CLASS	4. ACDT OCCURRED DURING:	Combat	Non-Combat
----------------------------	-------	--------	--------	---------	------------------	-----	-------	---------------	--------------------------	--------	------------

5. UNIT IDENTIFICATION	a. UIC (6-digit Code)	b. Name of Unit	c. Unit's Branch	d. MACOM
------------------------	-----------------------	-----------------	------------------	----------

6. LOCATION OF ACCIDENT	a. Exact Location (Detailed enough to locate site)	b. Type Location
-------------------------	--	------------------

c. State/Country	d.	Off Post	On Post Name:	7. EXPLOSIVES/AMMO	a. Present	Yes	No	b. Involved	Yes	No
------------------	----	----------	---------------	--------------------	------------	-----	----	-------------	-----	----

8. MISSION	a. Briefly describe the mission	b. METL Task?	Yes	No
------------	---------------------------------	---------------	-----	----

9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED	Material Failure/Malfunction Information
--	--

a. Type of Item (Nomenclature)	b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/QDR Submitted
#1										Yes No
#2										Yes No

10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the materiel failure/malfunction.)	b. Describe how the materiel failed/malfunctioned and explain why (root cause)
---	--

a. LEADER (Not ready, willing to enforce standards)	STDS/PROCEDURES (Not clear, Not practical)	SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)
Direct Supervision	AR SOP	Equip/Materiel improperly designed Inadequate Manufacture
Unit Command Supervision	TM Other	Equip/Materiel not provided Inadequate Maintenance
Higher Command Supervision	FM None exists	Inadequate Facilities/Services Other

11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.)	12. SOCIAL SECURITY #	13. PERSONNEL CLASSIFICATION	14. MOS	15. DUTY STATUS	On-duty	Off-duty
		16. AGE	17. SEX	18. PAY GRADE	19. FLIGHT STATUS	Yes No
	20. MOST SEVERE INJURY (See instructions)	a. Degree	b. Type	c. Body Part	d. Cause	

21. DAYS HOSPITALIZED	22. WORKDAYS					23. CODE					24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK								
a. Lost																			
b. Restricted																			

25. PERSONAL PROTECTIVE EQUIP				26. ALCOHOL/DRUGS CAUSE/CONT				27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a)			
a. Required	b. Type of equip	c. Available	d. Used	28. LICENSED TO OPERATE EQUIP	29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING EXERCISE	35. NIGHT VISION SYSTEM USED
<input type="checkbox"/> Yes <input type="checkbox"/> No	#1 #2	#1 No #2 No	#1 N #2 N	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes If Yes, provide name: <input type="checkbox"/> No	<input type="checkbox"/> Yes If Yes, provide name: <input type="checkbox"/> No

36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.

a. Mistake	c. Tell what the mistake was and how it caused/contributed to the accident
<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Code	

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE)(Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)											
a. LEADER (Not ready, willing to enforce standards)		TRAINING (Insufficient in Content/Amount)		STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)		INDIVIDUAL (Mistake due to own personal factors)			
Direct Supervision		School		AR		SOP		Equip/Materiel improperly designed	Inadequate Manufacture	Poor/Bad attitude	Fatigue
Unit Command Supervision		Unit		TM		Other		Equip/Materiel not provided	Inadequate Maintenance	Overconfident	Alcohol, Drugs
Higher Command Supervision		Experience, OJT		FM		None exists		Inadequate Facilities/Services	Other	In a hurry	Fear/Excitement

b. Describe root cause(s) (reason) and tell how it/they caused the mistake

#### 38. ENVIRONMENTAL CONDITIONS

a. Present:

#1	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk
#2	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk
#3	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk

39. PROVIDE BRIEF SYNOPSIS OF ACDT (Use additional sheets if required)(Explain sequence of events, tell how acdt happened.)

40. CORRECTIVE ACTION(S) TAKEN OR PLANNED

41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI)	b. Telephone # DSN:
	COM:

42. COMMAND REVIEW a. Name	c. Rank	43. SAFETY OFFICE REVIEW a. Name	b. Date
b. Signature	d. Date		

REVERSE OF DA FORM 285-AB-R, JUL 94

<b>WORKSHEET FOR</b> <b>TELEPHONIC NOTIFICATION OF AVIATION ACCIDENT/INCIDENT</b> For use of this form, see AR 385-40; the proponent agency is OCSA									
SHADED BLOCKS ARE FOR USASC USE ONLY		A. ASMS CASE NUMBER			B. TIME & DATE OPS RECEIVED REPORT				
					a. Year	b. Month	c. Day	d. Time (local)	
NOTE ITEMS 24 AND 25 ARE NOT REQUIRED FOR CLASS C ACCIDENT									
1. POINT OF CONTACT FOR ACCIDENT INFORMATION		a. Name							
b. Duty		<input type="checkbox"/> Commander <input type="checkbox"/> Safety Officer <input type="checkbox"/> Other (Specify)			c. Phone Number		DSN:		Commercial:
2. ACCIDENT CLASSIFICATION		3. TIME & DATE OF ACCIDENT				4. AIRCRAFT SERIAL NUMBER		5. TYPE OF AIRCRAFT	
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		a. Year	b. Month	c. Day	d. Time (local)				
6. PERIOD OF DAY		7. MISSION BEING PERFORMED				8. NOE			
<input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Day <input type="checkbox"/> Night		a. Type (Training, Svc, etc.)		b. Operation		<input type="checkbox"/> Single-Ship <input type="checkbox"/> Multi-Ship		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. NIGHT VISION DEVICE				10. UNIT OWING AIRCRAFT			11. MACOM		
a. In Use				b. If Yes					
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> ANVIS <input type="checkbox"/> FLIR <input type="checkbox"/> AN/PVS-5 <input type="checkbox"/> LLTV					
12. MILITARY INSTALLATION NEAREST ACCIDENT SITE					13. EXACT ACCIDENT LOCATION				
CHECK "YES" or "NO" FOR QUESTIONS 14 THROUGH 19					Yes	No	21. PERSONNEL INVOLVED		
14. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?							a. No. of Personnel by Rank/Category		
15. IF YES TO #14, ARE THEY SECURE?							_____ Officer    _____ WO _____ Enlisted    _____ Army Civilian _____ Non-Army Civilian		
16. ACCIDENT SITE SECURED IAW DA PAM 385-40?							b. Total No. of Personnel		
17. HAS ACCIDENT SCENE BEEN DISTURBED?							22. INJURIES (Enter # of each)		
18. IF YES TO #17, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?							_____ Fatalities _____ Non-Fatal Injuries		
19. FLIGHT DATA RECORDER INSTALLED?							As soon as possible, the following additional information is required on all injured personnel: name, personnel classification, degree of injury, and SSAN.		
20. CLEARANCE WAS:					<input type="checkbox"/> VFR <input type="checkbox"/> IFR				
23. ACCIDENT SYNOPSIS (What Happened)									
24. NEWS MEDIA AWARE OF ACCIDENT		25. NEAREST AIRFIELD		a. Nearest that can handle C-12 (4,000 ft. min.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No				b. Nearest commercial airfield					
26. WHO WILL INVESTIGATE?		a. Installation Level Accident Investigation (IAI) Board Appointed				b. CAI Team Dispatched			
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No    Team:			

DA FORM 7305-R, APR 94

Figure RF-1. Reproducible AD Form 7305-R

**Accident Reporting and Records  
R-Forms**

<b>WORKSHEET FOR</b> <b>TELEPHONIC NOTIFICATION OF GROUND ACCIDENT</b> For use of this form, see AR 385-40; the proponent agency is OCSA																											
Immediately notify USASC telephonically of all Class A and B accidents IAW AR 385-40, chapter 3. Phone numbers are: Commercial (205) 255-2660/4273/3410 or DSN 558-2660/4273/3410.																											
SHADED BLOCKS ARE FOR USASC USE ONLY		A. ASMIS CASE NUMBER		B. TIME & DATE OPS RECEIVED REPORT																							
				a. Year	b. Month	c. Day	d. Time (local)																				
1. POINT OF CONTACT FOR ACCIDENT INFORMATION		a. Name																									
b. Duty		<input type="checkbox"/> Commander <input type="checkbox"/> Safety Officer <input type="checkbox"/> Other (Specify)		c. Phone Number		DSN:		Commercial:																			
2. ACCIDENT CLASSIFICATION		3. TIME & DATE OF ACCIDENT				4. PERIOD OF DAY		5. ON/OFF DUTY																			
<input type="checkbox"/> A <input type="checkbox"/> B		a. Year	b. Month	c. Day	d. Time (local)	<input type="checkbox"/> Day <input type="checkbox"/> Night		<input type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty																			
6. TYPE OF EQUIPMENT/MATERIEL INVOLVED		7. UNIT				8. MACOM		9. NIGHT VISION DEVICE IN USE																			
								<input type="checkbox"/> Yes <input type="checkbox"/> No																			
10. EXACT ACCIDENT LOCATION																											
11. ON-POST/OFF-POST?    12. MILITARY INSTALLATION NEAREST ACCIDENT SITE																											
<input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post																											
CHECK "YES" or "NO" FOR QUESTIONS 13 THROUGH 17																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?</td> <td>Yes</td> <td>No</td> <td rowspan="5" style="width: 15%;">19. PERSONNEL INVOLVED</td> <td colspan="2" rowspan="5">                     a. No. of Personnel by Rank/Category                            ____ Officer    ____ WO                            ____ Enlisted    ____ Army Civilian                            ____ Non-Army Civilian                      c. Highest Rank                 </td> </tr> <tr> <td>14. IF YES TO #13, ARE THEY SECURE?</td> <td></td> <td></td> </tr> <tr> <td>15. ACCIDENT SITE SECURED IAW DA PAM 385-40?</td> <td></td> <td></td> </tr> <tr> <td>16. HAS ACCIDENT SCENE BEEN DISTURBED?</td> <td></td> <td></td> </tr> <tr> <td>17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?</td> <td></td> <td></td> </tr> </table>										13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?	Yes	No	19. PERSONNEL INVOLVED	a. No. of Personnel by Rank/Category ____ Officer    ____ WO ____ Enlisted    ____ Army Civilian ____ Non-Army Civilian c. Highest Rank		14. IF YES TO #13, ARE THEY SECURE?			15. ACCIDENT SITE SECURED IAW DA PAM 385-40?			16. HAS ACCIDENT SCENE BEEN DISTURBED?			17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?		
13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?	Yes	No	19. PERSONNEL INVOLVED	a. No. of Personnel by Rank/Category ____ Officer    ____ WO ____ Enlisted    ____ Army Civilian ____ Non-Army Civilian c. Highest Rank																							
14. IF YES TO #13, ARE THEY SECURE?																											
15. ACCIDENT SITE SECURED IAW DA PAM 385-40?																											
16. HAS ACCIDENT SCENE BEEN DISTURBED?																											
17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?																											
18. WEATHER CONDITIONS				20. INJURIES (Enter # of each)		As soon as possible, the following additional information is required on all injured personnel: name, personnel classification, degree of injury, and SSAN.																					
				____ Fatalities ____ Non-Fatal Injuries																							
21. ACCIDENT SYNOPSIS (What Happened)																											
22. NEWS MEDIA AWARE OF ACCIDENT		23. NEAREST AIRFIELD		a. Nearest that can handle C-12 (4,000 ft. min.)																							
<input type="checkbox"/> Yes <input type="checkbox"/> No				b. Nearest commercial airfield																							
24. WHO WILL INVESTIGATE?		a. Installation Level Accident Investigation (IAI) Board Appointed				b. CAI Team Dispatched																					
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No    Team:																					

DA FORM 7306-R, APR 94

Figure RF-2. Reproducible AD Form 7306-R

**APPENDIX J****INSTRUCTIONS FOR COMPLETING AGENCY REPORT OF MOTOR VEHICLE DATA,  
(SF 82)****Nontactical Vehicle Usage Report, Part I**

1. Copies and mailing: Each form will be prepared and mailed not later than 30 October to HQ USEUCOM ECJ4-IDS, UNIT 30400, BOX 1000, APO AE 09128. Faxed copies are authorized and are required to be signed by the Chief of the SAO or the Nontactical Vehicle Manager.

2. Reportable Vehicles: For the purposes of these instructions, "reportable vehicles" will include all sedans, station wagons, buses, ambulances, carryalls, vans, trucks, truck trailers. For consistency, 4X2 will be used to identify passenger vans, and 4X4 will be used solely to identify vehicles with four wheel drive, e.g., 4X4 Jeep Cherokee, 4X4 Toyota Land Cruiser , etc.

3. Data entries:

**BLOCK #**

a. Fiscal Year Ending: Annotate the last date of the fiscal year. Example: 30 Sep XX, where XX represents the current year of the report.

b. Vehicles Based: Annotate the "domestic" block for all American manufactured vehicles, and prepare a separate form for all foreign indigenous.

c. Department or Agency: Enter the title of your SAO.

d. Bureau, Service, etc.: Enter HQ USEUCOM

e. Date Prepared: Self explanatory.

f. Interagency Report Control No.: Cannot be filled in by user.

**Section I, Agency Owned and Leased Vehicles:**

g. Line 1(a-h): Owned Vehicles On Hand: In line 1(a) enter the total number of vehicles currently on hand in the ODC, preparing separate reports for American manufactured vehicles, and for Foreign Indigenous vehicles. In Lines (b-h), divide the total number of vehicles on hand into the appropriate category, e.g., sedans and station wagons, ambulances, buses, etc. The numbers listed in Line 1(b-h) should equal to the number listed in Line 1(a).

h. Line 2 (a): Average Commercial Lease Cost: This entry is determined by adding the number of commercial leases on hand for each month in the fiscal year, then dividing by 12.

i. Total Commercial Lease Cost: Enter the amount for commercial leases during the fiscal year. Include payments to lessors and all costs associated with using the vehicle, e.g., fuel, maintenance, repairs, etc.

**Section II: Agency Owned Vehicles:**

j. Line 4(a-h): Fuel Cost: In line 4(a) Enter the total fuel costs expended for all assigned SAO vehicles during the fiscal year. In lines 4(b-h), enter the total fuel costs by each category of vehicle. The costs listed by each category should equal to the total costs listed in Line 4(a).

k. Line 5 (a): Direct Maintenance Costs: In Line 5(a), enter all maintenance costs for work which can be attributed to specific SAO owned-vehicles, (See Cost Classification Chart):

COST CLASSIFICATION CHART			
DESCRIPTION	DIRECT COSTS		INDIRECT COSTS
	OPS	MAINT	
<b>PERSONNEL LABOR COSTS (MILITARY AND CIVILIAN)</b>			
Drivers testers			X
Headquarters, Regional, and other overhead personnel			X
Individuals in charge of both operations and maintenance			X
Inspectors, estimators, cost clerks, dispatchers, maintenance			X
Maintenance officer, service manager, shop supervisors			X
Mechanics, machinists, welders, painters, lubricators, and other craftsman who perform labor on reportable vehicles		X*	
Service station attendants, supply personnel, shop stock personnel			X
Tire and battery repair.		X*	
<b>MATERIALS COSTS</b>			
Fuel (all including alternative fuels)	X		
Motor oil, lubricant, fluids		X*	X
Replacement parts		X**	
Pre-expensed Items (bench stock)			X
Equipment needed to meet special operating requirement (such as vehicle covers, fire extinguishers, alarm systems, etc.)		X	
<b>MISCELLANEOUS COSTS</b>			
Maintenance when accomplished by facility other than that controlled by the SAO		X	
Custodial, office supplies, printing (forms, etc.)			X
Printing Identification Insignia		X	
Preventive Maintenance		X	
Rental of commercial buildings			X
Repair of accident damage		X	
Washing, polishing, and servicing			X
Small tools and equipment			X
Utility costs			X
Capital Improvements to facilities			X

## FOOTNOTES:

\* Charge as direct costs if a work order is issued; charge as indirect costs for minor work not on a shop repair order.

\*\* Charge as direct costs if work order is issued unless these are pre-expensed items.

l. Line 6(a): Indirect Costs: In Line 6(a), enter all costs for work not readily identifiable to specific vehicles including all applicable overhead costs from the Headquarters, Central Office, U.S. Embassy level down through the user level. DO NOT INCLUDE DRIVER'S SALARIES.

m. Line 7(a): Total Costs: In line 7(a), enter the total direct and indirect cost to operate and maintain SAO vehicles for the fiscal year. Add lines 4, 5 and 6.

n. Line 8(a-h): Total Miles Operated: In Line 8(a), enter the total number of miles driven in a fiscal year. This total will include the cumulative miles as annotated in Line 8(b-h). All kilometers will be converted to miles.

**Section III: Sedan/Station Wagon Inventory Data:**

o. Vehicle Class (Owned and Leased): Line 9(a-b): Break down the total number of SAO-owned vehicles as listed in Line 1(b) by vehicle class, and the number of commercially leased vehicles (leased for 60 days or more), line 2(b).

q. Contact for Additional Information: Enter the rank, name, telephone number (commercial and DSN), and title of the SAO Chief, or his/her designated representative.

r. Responsible Official: Enter the rank, name, telephone number (commercial and DSN), and title of the SAO Chief. The SAO Chief is required to sign the SF 82 Report validating the report is accurate.

**Section IV, Part A: Agency/GSA and Commercially Leased:**

s. Lines 15-27: This section is used to determine fuel types of vehicles listed in Line 2(b-h). Line 27 reflects the total number of leased vehicles by fuel types in your vehicle fleet as of the end of the reporting period.

**Section IV, Part B: Acquisitions and SAO Owned and Leased:**

t. Lines 28-39: Identify the fuel category by vehicle type for each vehicle listed in line 1(b-h). Line 40(a) reflects the total number of vehicles by fuel type in your vehicle fleet as of the end of the reporting period.

AGENCY REPORT OF MOTOR VEHICLE DATA (Read Instructions carefully before completing this form.)		FISCAL YEAR ENDING (Sept. 30)		VEHICLES BASED (Check one) <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FOREIGN		DEPARTMENT OR AGENCY		BUREAU, SERVICE, ETC.		DATE PREPARED		INTERAGENCY REPORT CONTROL NO.  1102-GSA-AN	
DESCRIPTION		LINE NO.	TOTAL (All vehicles) (a)	SEDANS AND STATION WAGONS (b)	AMBU- LANCES (c)	BUSES (16 or more passengers) (d)	TRUCKS & TRUCK TRACTORS BY GROSS VEHICLE WEIGHT RATING (GVWR)						
							8,500 LBS. / KILOS & UNDER		8,501 TO 16,000 LBS. / KILOS AND OVER (g)	16,001 LBS. / KILOS AND OVER (h)			
							4 X 2 (e)	4X4 (f)					
SECTION I AGENCY- OWNED AND LEASED VEHICLES	OWNED VEHICLES ON HAND	1											
	AVERAGE COMMERCIAL LEASED VEHICLES	2											
	TOTAL COMMERCIAL LEASE COST	3											
SECTION II AGENCY- OWNED VEHICLES (Large Buses, 2,000 or more vehicles)	FUEL COST	4											
	DIRECT MAINTENANCE COST	5											
	INDIRECT COST	6											
	TOTAL COSTS (Optional)	7											
	TOTAL MILES/KILOMETERS OPERATED	8											
SECTION III - SEDAN/STATION WAGON INVENTORY DATA	VEHICLE CLASS		OWNED	LEASED	REMARKS								
	CLASS I - SUBCOMPACT	9											
	CLASS II - COMPACT	10											
	CLASS III - MIDSIZE	11											
	CLASS IV - LARGE	12											
	CLASS V - LIMOUSINE	13											
	TOTAL	14											
CONTACT FOR ADDITIONAL INFORMATION													
NAME		AREA CODE		SIGNATURE		RESPONSIBLE OFFICIAL		NAME		AREA CODE			
TITLE		PHONE NUMBER		EXTENSION				TITLE					

DEPARTMENT OR AGENCY				BUREAU, SERVICE, ETC.								
DESCRIPTION		LINE NO.	TOTAL (All vehicles) (a)	SEDANS AND STATION WAGONS (b)	AMBU- LANCES (c)	BUSES (16 or more passengers) (d)	TRUCKS & TRUCK TRACTORS BY GROSS VEHICLE WEIGHT RATING (GVWR)				GASOLINE GALLONS/LITERS QUANTITY (i)	USED FUEL COSTS (Actual) (j)
							8,500 LBS./ KILOS & UNDER		8,501 TO 16,000 LBS./ KILOS AND OVER (g)	16,001 LBS./ KILOS AND OVER (h)		
							4 X 2 (e)	4X4 (f)				
SECTION IV PART A	BIODIESEL	15										
	DIESEL	16										
	ELECTRIC	17										
	ETHANOL	18										
AGENCY/GSA AND COMMERI- CALLY LEASED	E-85	19										
	GASOLINE	20										
	HYDROGEN	21										
	METHANOL	22										
TOTAL FLEET (Vehicles on Hand as of September 30)	M-85	23										
	LPG	24										
	LNG/CNG	25										
	OTHER	26										
	TOTAL	27										
SECTION IV PART B	BIODIESEL	28										
	DIESEL	29										
	ELECTRIC	30										
	ETHANOL	31										
ACQUISITIONS OWNED AND LEASED	E-85	32										
	GASOLINE	33										
	HYDROGEN	34										
	METHANOL	35										
(Vehicles on Hand as of September 30)	M-85	36										
	LPG	37										
	LNG/CNG	38										
	OTHER	39										
	TOTAL	40										

MARKS		FUEL CONVERSION RATIO TABLE	
<u>Alternative Fuel</u>	<u>Natural Units</u>	<u>Gasoline Equivalent Gallons (GEG)</u>	
Biodiesel	gallons/liters	n/a	
Electric	kilowatt hours (KWH)	TBD	
Ethanol (95 or 100%)	gallons/liters	85% (gal. x 0.85 = GEG)	
E-85	gallons/liters	70% (gal. x 0.7 = GEG)	
Hydrogen	Hundred cu. ft./cu. m.	26% (ccf x 0.26 = GEG)	
Methanol (95 or 100%)	gallons/liters	50% (gal. x 0.5 = GEG)	
M-85	gallons/liters	60% (gal. x 0.6 = GEG)	
Liquid Petroleum Gas (LPG)	gallons/liters	73% (gal. x 0.73 = GEG)	
LNG	gallons/liters @ 14.7 psi & -264°F	70% (gal. x 0.7 = GEG)	
CNG	Hundred cu. ft./cu. m.	82% (ccf x 0.82 = GEG)	
CNG	gallons/liters @ 2,400 psi & 70°F	17% (gal. x 0.17 = GEG)	

**APPENDIX K****INSTRUCTIONS FOR SUBMITTING VEHICLE IDENTIFICATION DATA**  
**Nontactical Vehicle Usage Report, Part II**

1. Each SAO is required to submit vehicle identification information for each assigned vehicle to HQ USEUCOM not later than the last working day in October.
2. The SAOs are authorized to send the information in the following manner:
  - a. Mail: HQ USEUCOM  
Unit 30400, Box 1000  
APO AE 09128
  - b. E-mail: SAO's desk officer and the ECJ4-IDS Property Manager. Contact the desk officer to verify correct e-mail addresses.
  - c. Fax: 49-711-680-5969 (commercial outside Germany)  
0711-680-5969 (commercial inside Germany)  
430-5969 (DSN)
3. The vehicle identification data will include the following information on each assigned vehicle:
  - a. SAO City and Country
  - b. State the source of funding: SA/OMA
  - c. LIN: Enter the line number as it appears on the JTA
  - d. Nomenclature: Enter the vehicle type as it appears on the SF 82, (sedan, van, 4X4, etc.)
  - e. Manufacturing Company: Enter the company, (Chevrolet, Ford, Dodge, Toyota, etc.)
  - f. Model: Enter the brand of vehicle, (Caravan, Tempo, Cherokee, etc.)
  - g. Registration number: Enter the number from the US Embassy, Diplomatic plates, **or** USAREUR registration number)
  - h. Vehicle identification number: Enter the number as it appears on the vehicle invoice, or as marked on the vehicle.
  - i. State whether or not the vehicle is lightly armored (LAV), or heavily armored (HAV).
  - j. State whether or not you have valid vehicle shortages.

## APPENDIX L

MOTOR EQUIPMENT UTILIZATION RECORD							
DATE (YYMMDD)	TYPE OF EQUIPMENT	REGISTRATION NO./SERIAL NO.				ADMINISTRATION NO.	
ORGANIZATION NAME		ACTION	TIME	MILES	HOURS	FUEL	OIL
1ST OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
2D OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
3D OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
4TH OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
DESTINATION		TIME		RELEASED BY (Signature)		REMARKS	
		ARRIVE	DEPART				
FROM							
1.							
TO							
2.							
TO							
3.							
TO							
4.							
TO							
5.							
TO							
6.							
TO							
7.							
TO							
8.							
TO							
9.							
TO							
10.							
TO							
11.							
TO							
12.							
TO							
13.							
TO							
14.							
TO							
15.							
TO							
16.							

DD Form 1970, APR 81 (EG)

EDITION OF FEB 75 MAY BE USED.

Designed using Perfume Plot, WISCONSIN, Oct 80

# MOTOR EQUIPMENT UTILIZATION RECORD

DATE (YYMMDD)	TYPE OF EQUIPMENT	REGISTRATION NO./SERIAL NO.				ADMINISTRATION NO.	
ORGANIZATION NAME		ACTION	TIME	MILES	HOURS	FUEL	OIL
1ST OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
2D OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
3D OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
4TH OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
DESTINATION		TIME		RELEASED BY (Signature)		REMARKS	
		ARRIVE	DEPART				
FROM 1.							
TO 2.							
TO 4.							
TO 5.							
TO 6.							
TO 7.							
TO 8.							
TO 9.							
TO 10.							
TO 11.							
TO 12.							
TO 13.							
TO 14.							
TO 15.							
16.							

TO				
17.				
TO				
18.				
TO				
19.				
TO				
20.				
TO				
21.				
TO				
22.				
TO				
23.				
TO				
24.				
TO				
25.				
TO				
26.				
TO				
27.				
TO				
28.				
TO				
29.				

## INSTRUCTIONS

- \*1. *Date.* Enter the calendar date the equipment is to be used.
  2. *Type of Equipment.* Enter the type of equipment as designated in the equipment log.
  3. *Registration Number or Serial Number.* Enter the equipment/registration number or serial number.
  4. *Administration Number.* Enter the unit number or administrative number.
  5. *Organization Name.* Enter the organization to which the equipment is assigned.
  - \*6. *Operator.* Enter the name of the equipment operator.
  7. *Operator's Signature.* The equipment operator (item 6) will enter signature immediately upon receipt of equipment.
  - \*8. *Time.* Indicate time to the nearest 5 minutes using the 24-hour clock.
    - a. *In.* Enter time equipment was returned from dispatch or use.
    - b. *Out.* Enter the time the equipment was released for operation by the dispatcher.
    - c. *Total.* Enter total time the equipment was in the possession of the operator. Time is obtained by subtracting the time listed in "Out" line from that listed on the "In" line.
  - \*9. *Miles.* Will be recorded to the nearest whole mile.
    - a. *In.* The operator will enter the mileage reading when the equipment is returned. If odometer is inoperative, enter estimated mileage.
    - b. *Out.* The dispatcher will enter the mileage reading at the time of dispatch.
    - c. *Total.* Enter the difference between the "Out" and "In" mileage.
  - \*10. *Hours.* Will be recorded to the nearest whole hour. On those items which require servicing on an hourly basis and are not equipped with an hour meter, enter the estimated hours of operation.
    - a. *In.* The operator will enter the hour meter reading upon completion of the equipment usage.
    - b. *Out.* The dispatcher will enter the hour meter reading prior to equipment release.
    - c. *Total.* Enter the total hours dispatched for operation.
  11. *Fuel/Oil.* Enter the amount of fuel (gallons) and/or oil (quarts) obtained for the equipment.
  - \*12. *Report To.* Enter the name of the individual to whom the operator is to report.
  13. *Dispatcher's Signature.* Self-explanatory.
  14. *Destination.* Indicate each location at which a trip begins and ends. Normally this starts from the equipment pool ("From" Line) and ends at the same place after one or more intervening destinations.
  - \*15. *Time.* All time will be recorded using the 24-hour clock, rounded off to the nearest 5 minutes.
    - a. *Arrive.* Enter the arrival time at each destination.
    - b. *Depart.* Enter the departure time from the motor pool and each succeeding location.
  16. *Released By.* The person in charge of equipment on dispatch will release by signing on the line indicating the destination where the equipment was released to the operator. Upon termination of equipment used, but not moved, the person in charge will release the equipment by signing in the top block of this column.
  17. *Remarks.* The remarks column will be used by the operator to record unusual operation or abnormal occurrences during operation, or other information as directed.
- \*Items marked with an asterisk (\*) have been registered in the DOD Data Element Program.

MOTOR EQUIPMENT UTILIZATION RECORD									
DATE (YYMMDD)		TYPE OF EQUIPMENT		REGISTRATION NO./SERIAL NO.			ADMINISTRATION NO.		
911004		TRK, G60M35A2		17246			A-39		
ORGANIZATION NAME A Btry W/50 <sup>th</sup> FA				ACTION	TIME	MILES	HOURS	FUEL 18 Gal	OIL 3 qt
1ST OPERATOR (Last Name, First, M.I.) Crawford, Michael SPC				IN	1415	7348	432	REPORT TO (Last Name, First, M.I.) Maxner, Scot J. SSG	
OPERATOR'S SIGNATURE <i>Michael Crawford</i>				OUT	0800	7262	428	DISPATCHER'S SIGNATURE <i>Tom Jones</i>	
2D OPERATOR (Last Name, First, M.I.) Short, Chris PFC				TOTAL	6:15	86	4	REPORT TO (Last Name, First, M.I.) Emerick, Glen SFC	
OPERATOR'S SIGNATURE <i>Chris Short</i>				IN	1400	7415	435	DISPATCHER'S SIGNATURE <i>Tom Jones</i>	
3D OPERATOR (Last Name, First, M.I.) Hawkins, Raymond SGT				OUT	0800	7348	432	REPORT TO (Last Name, First, M.I.) Mead, Gerry I SFC	
OPERATOR'S SIGNATURE <i>Raymond Hawkins</i>				TOTAL	6:00	67	3	DISPATCHER'S SIGNATURE <i>Tom Jones</i>	
4TH OPERATOR (Last Name, First, M.I.)				IN	1640	7450	437	REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE				OUT	1200	7415	435	DISPATCHER'S SIGNATURE	
				TOTAL	4:40	35	2	DISPATCHER'S SIGNATURE	
				IN				REPORT TO (Last Name, First, M.I.)	
				OUT				DISPATCHER'S SIGNATURE	
				TOTAL					
DESTINATION		TIME		RELEASED BY (Signature)			REMARKS		
		ARRIVE	DEPART						
FROM									
1. Motor Pool			0810						
TO									
2. Blue Beaver Range		0850	0920	<i>Scot J. Maxner SSG</i>					
TO									
3. Motor Pool		1405					Fuel 14 Gal		
TO									
4.				911005					
TO									
5. Motor Pool			0830						
TO									
6. GERONIMO, OK		0915	1215	<i>Glen Emerick SFC</i>					
TO									
7. Motor Pool		1350					Oil 1 qt. Fuel 13 Gal		
TO									
8.				911006					
TO									
9. Motor Pool			1220						
TO									
10. QUANAH Range		1300	1500	<i>Gerry I. Mead SFC</i>					
TO									
11. Motor Pool		1540					Fuel 6 Gal		
TO									
12.									
TO									
13.									
TO									
14.									
TO									
15.									
TO									
16.									

DD FORM 1970  
APR 81

EDITION OF FEB 76 MAY BE USED.

Figure 2-2. Sample of a completed DD Form 1970

# MOTOR EQUIPMENT UTILIZATION RECORD

Vehicle		Registration Number/ Serial No			Adminstration Number	
---------	--	--------------------------------	--	--	----------------------	--

ORGANIZATION NAME: USODC, Oslo, Norway	ACTION	DATE	MILES	TIME	FUEL
1ST OPERATOR	OUT				PURPOSE:
	IN				
	OPERATOR SIGNATURE	TOTAL			
2D OPERATOR	OUT				PURPOSE:
	IN				
	OPERATOR SIGNATURE	TOTAL			
3D OPERATOR	OUT				PURPOSE:
	IN				
	OPERATOR SIGNATURE	TOTAL			
4TH OPERATOR	OUT				PURPOSE:
	IN				
	OPERATOR SIGNATURE	TOTAL			
5TH OPERATOR	OUT				PURPOSE:
	IN				
	OPERATOR SIGNATURE	TOTAL			
6TH OPERATOR	OUT				PURPOSE:
	IN				
	OPERATOR SIGNATURE	TOTAL			
7TH OPERATOR	OUT				PURPOSE:
	IN				
	OPERATOR SIGNATURE	TOTAL			
8TH OPERATOR	OUT				PURPOSE:
	IN				
	OPERATOR SIGNATURE	TOTAL			
9TH OPERATOR	OUT				PURPOSE:
	IN				
	OPERATOR SIGNATURE	TOTAL			
DESTINATION	TIME		RELEASED BY	REMARKS	
	ARRIVE	DEPART			
FROM 1.					
TO 2.					
TO 3.					
TO 4.					
TO 5.					

## APPENDIX M

DA FORM 2401

ORGANIZATIONAL CONTROL RECORD FOR EQUIPMENT											DATE <u>5 OCT 88</u>		PAGE NO. <u>1</u>		NO. OF PAGES <u>1</u>	
Columns 2 through 7 will be used for equipment requests. For use of this form, see DA PAM 738-750; the proponent agency is the Office of the Deputy Chief of Staff for Logistics.											DISPATCHER <u>Will h Payne SSG</u>					
OFFICIAL USER	REPORTING POINT	PHONE EXT. NUMBER	TIME TO REPORT	EXPECT TIME OF RETURN	DESTINATION	UNIT IDENTIFICATION NUMBER	TYPE OF EQUIPMENT	REGISTRATION NUMBER	OPERATOR'S NAME AND GRADE	TIME		REMARKS				
										OUT	IN					
PLANTY MAJ	MOTOR POOL	6427	0800	1500	LZ 05 M	A-39	M35A2	17246	CRAWFORD, MICHAEL W. <sup>SFC</sup>	0800	1115					
BAIER CPT	COMPANY HQ	6619	0900	COB	HOPKINSVILLE, KY	A-6	M998	029917	POLLERT, DAVID <sup>SFC</sup>	0900	1700					
CHAPPELL LTC	BATTALION HQ	3472	0900	COB	LZ 05 M	A-5	M998	024712	QUINLAN, MICHAEL <sup>PR</sup>	0900	1700					
SOKOLOSKI 1LT	MATO	4077	1200	COB	LZ 05 M	A-9	M35A2	17162	DUBOTS, Tom <sup>PVT</sup>	1200	1700	AE-47				
					5 OCT 88											
HARRELD LTC	MOTOR POOL	2678	0800	1500	HOPKINSVILLE, KY	A-39	M35A2	17246	HALE, HERBERT B. <sup>SFC</sup>	0800	1500	A-39 T				
ALCARAZ SFC	MOTOR POOL	2678	0900	1700	HOPKINSVILLE, KY CLARKSVILLE, TN	A-19	M816	11730	CANDOR, LOUIS A. <sup>PFC</sup>	0900	1000	EXTENDED DISPATCH 8 OCT 88				
CLAY CPT	SHOP OFFICE	5772	1100	COB	BLDG. 5427	A-7	M1009	NF025E	BAILEY, DARREL <sup>RT</sup>	1100	1800					
GUEST COL	DISCOM HQ	2222	1100	COB	RANGE 59	A-5	M998	07211	LOHMAN, REGINA P. <sup>SFC</sup>	1100	1800					
BOOZE MAJ	DISCOM HQ	2222	1200	COB	RANGE 59	A-8	M998	024717	LOHMAN, RORY M. <sup>SFC</sup>	1200	1800					
					6 OCT 88											
HOWARD MAJ	BATTALION HQ	3472	0600	COB	LZ 05 M	A-4	M998	017495	FOY, THERESA <sup>1LT</sup>	0600	1800					
HIGDON CPT	COMPANY HQ	6619	0600	COB	PZ 14C	A-1	M996	019422	JOHNSTON, JOHNNY S. <sup>PFC</sup>	0600	1800					
KOSUT CW2	MOTOR POOL	2678	0700	COB	COMMEL SHOP	A-35	M1008	N6127S	OSBORNE, OZZIE <sup>SFC</sup>	0700	1800					
HAMLIN SSG	MECH. MAINT.	4274	1200	1700	PZ 14C	A-39	M35A2	17246	GLENDENEN, JIM <sup>SFC</sup>	1200	1640					
					7 OCT 88											
HOWARD MAJ	BATTALION HQ	3472	0600	1400	BLDG 7247	A-4	M998	017495	LOHMAN, REGINA H. <sup>PFC</sup>	0600	1400					
BISS SSG	GENERATOR SHOP	1747	0920	1400	CLARKSVILLE, TN	A-39	M35A2	17246	LOHMAN, JOHN F. <sup>PFC</sup>	0920	1400					
ARNOLD LWO1	TECH SUPPLY	6254	1100	1700	BLDG 7254	A-25	M35A2	24745	APODACA, MAX <sup>PVT</sup>	1100	1700					
					9 OCT 88											
SULLIVAN MAJ	DIVISION HQ	7472	0800	COB	LZ 05 M	A-7	M1009	NF025E	LEWIS, KENNETH A. <sup>SFC</sup>	0800	1700	Rafael Martinez SGT				

DA FORM 2401

Figure 2-5. Sample of a completed DA Form 2401

## APPENDIX N

## DA FORM 2404 (FRONT SIDE)

[illegible]

Figure 3-6. Preparation instructions for completing a DA Form 2404 used for operator/crew PMCSs.

(1) **Organization.** Enter the name of the unit to which equipment belongs.

(2) **Nomenclature and Model**

a. Enter the noun abbreviation and the model of the equipment.

b. For watercraft, use the noun abbreviation and Hull Design Number.

(3) **Registration/Serial/NSN**

a. Enter the serial or registration number. Enter the NSN when no serial or registration number is available.

b. For watercraft, enter the DA Hull Number.

(4a) **Miles**

(a) When a deficiency or a shortcoming is found, enter the miles or kilometers on the equipment's odometer at the end of the day's dispatch or operation.

(b) Round to the nearest mile or kilometer. Put the letter M before the number if the reading is miles. Put the letter K before the number if the reading is kilometers.

(c) Leave blank if the item does not have an odometer or if no faults are found.

(4b) **Hours**

(a) When a deficiency or a shortcoming is found, enter the meter reading at the end of the day's dispatch or operation.

(b) Leave blank if hours do not apply to the equipment or if no faults are found.

(4c) **Rounds Fired.** Leave blank.

(4d) **Hot Starts.** Leave blank.

(5) **Date.** Enter the calendar date the deficiency or shortcoming was found.

(6) **Type Inspection**

a. Enter "PMCS."

(1) Use the same DA Form 2404 for more than 1 day. If you find no faults during the BEFORE OPERATION checks in the PMCS, put the date in column c. At the end of the dispatch, do the AFTER operations check. If no faults are found DURING or AFTER OPERATION, initial in column e.

(2) When no faults are found, this form can be used for more than 1 day even if the form was used for concurrent PMCSs, that is, W/M. Just place the first letter of the type of PMCS performed (W/M) in column d, by that day's date in column c.

(7) **TM Number, TM Date**

a. Enter the number and date of the PMCS TM. When two TMs cover an item, put the second TM number and date in the second number and date block.

b. When the manual has changes, print "W/C" and the latest change number after the TM number. But show the date of the basic manual.

(8A) **Signature.** When a deficiency or shortcoming is found, the operator or crew chief signs and enters his or her rank. A signature in this block keeps the form from being used past the current dispatch.

(8b) **Time.** Leave blank or use as needed locally.

(9a) **Signature.** The maintenance supervisor or designated representative signs name and rank.

(9b) **Time.** Leave blank or use as needed locally. For missile system and missile peculiar equipment reported under AR 700-138, enter the time when you find a deficiency.

(10) **Man-Hours.** Leave blank or use as needed locally.

**Column a**

**TM Item No.**

a. Put the PMCS item number that applies to the fault listed in column c. If the PMCS has no item numbers, list the page, paragraph, or sequence number. Circle the number if the fault is listed in the "Equipment is not ready/available" column of the PMCS. If the PMCS has no ready/available column, circle the TM item number, page or paragraph number of any fault that makes the equipment NMCS.

b. Pubs or TM sections other than the PMCS may be required for safety faults or local dispatching. For example, AR 385-55 lists safety checks that may not be in the PMCS. Those faults will not be counted as NMC for the DA Form 2406 (Materiel Condition Status Report (MCSR)) unless they are in the PMCS "not ready" column. But you will list them on the DA Form 2404 if you find a problem with one of them.

c. For those faults not covered by the PMCS, leave this column blank.

**Column b**

**Status.** Enter the status symbol that applies to the fault or deficiency.

**Column c**

**Deficiencies And Shortcomings**

a. If you find a fault that can be repaired, stop the PMCS and correct the fault. Do not enter faults that have been repaired on the DA Form 2404. Continue the PMCS to make sure no other faults exist.

b. Briefly describe the fault. You may skip from one to three lines between faults. This will give maintenance room to note actions they take.

c. When more than one TM covers the equipment, draw a line under the last entry for one TM. Under the line, write the TM number of the manual you will use next.

d. When using one DA Form 2404 for more than one item of equipment, enter the serial or administration number for the item with the fault. Write the fault on the line below the serial number.

e. When you list faults not covered by the PMCS, add the pub that covers them, for example, SOP or AR 385-55.

After you finish the PMCS and list all faults you cannot fix, turn the good form over to the maintenance supervisor. The maintenance supervisor will tell a mechanic to fix or find the faults. The mechanic will show action taken on each fault.

**Column d**

**Corrective Action**

a. List all repair parts replaced or needed. If parts must be ordered, list the NSN or CAGE and part number and TM figure and item number. If you need more room, write "see below" and go to the next open space. Repeat the TM sequence number, status symbol and fault. Then go on with the list of parts and action taken.

b. Explain all other actions taken.

c. If parts are needed, the PLL clerk will order the parts and put the document numbers in column d of this form or the DA Form 2408-14.

d. Any faults that need support maintenance will go on a DA Form 2407. Print "DA Form 2407 (SPT)" in column d.

e. For parts and components that go to reparable exchange, print "RX." The PLL clerk will use this entry to prepare a DA Form 2765.

f. The CO's designated representative will look at unfixed faults to decide which ones can be delayed. Faults that do not affect the operation of the equipment and the operator's safety can be deferred. Normally fixing a fault may be deferred because—

(1) Support is backed up and cannot get to the equipment right away.

(2) The fault may not be important enough to take time away from your mission. So fixing the fault can wait until the next scheduled service or trip to support.

(3) The needed repair part is not on hand.

(4) Other reasons at the CO's discretion.

g. Faults the CO's designated representative decides to defer go on the DA Form 2408-14. Print "DA Form 2408-14" in column d by those items.

**Column e**

**Initial When Corrected.** The mechanic initials any faults that have been fixed. The initials will go on the last line for the entry in column e. The mechanic gives the DA Form 2404 back to the maintenance supervisor. The maintenance supervisor will look over the faults corrected and those still not fixed to decide what other action is needed. For quality control, the inspector or a designated representative will check all corrected status symbol X faults. The inspector will then initial the status symbol.

DA FORM 2404  
1 APR 79

**Figure 3-6. Sample of completed DA Form 2404 used for operators/crew PMCS**

## EQUIPMENT INSPECTION AND MAINTENANCE WORKSHEET

For use of this form, see DA PAM 738-750 and 738-751; the proponent agency is DCSLOG

1. ORGANIZATION

2. NOMENCLATURE AND MODEL

3. REGISTRATION/SERIAL/NSN

4a. MILES

b. HOURS

c. ROUNDS  
FIREDd. HOT  
STARTS

5. DATE

6. TYPE INSPECTION

7.

## APPLICABLE REFERENCE

TM NUMBER

TM DATE

TM NUMBER

TM DATE

COLUMN a - Enter TM item number.

COLUMN b - Enter the applicable condition status symbol.

COLUMN c - Enter deficiencies and shortcomings.

COLUMN d - Show corrective action for deficiency or shortcoming listed in Column c.

COLUMN e - Individual ascertaining completed corrective action initial in this column.

## STATUS SYMBOLS

"X" - Indicates a deficiency in the equipment that places it in an inoperable status.

CIRCLED "X" - Indicates a deficiency, however, the equipment may be operated under specific limitations as directed by higher authority or as prescribed locally, until corrective action can be accomplished.

HORIZONTAL DASH "(-)" - Indicates that a required inspection, component replacement, maintenance operation check, or test flight is due but has not been accomplished, or an overdue MWO has not been accomplished.

DIAGONAL "/" - Indicates a material defect other than a deficiency which must be corrected to increase efficiency or to make the item completely serviceable.

LAST NAME INITIAL IN BLACK, BLUE-BLACK INK, OR PENCIL - Indicates that a completely satisfactory condition exists.

FOR AIRCRAFT - Status symbols will be recorded in red.

ALL INSPECTIONS AND EQUIPMENT CONDITIONS RECORDED ON THIS FORM HAVE BEEN DETERMINED  
IN ACCORDANCE WITH DIAGNOSTIC PROCEDURES AND STANDARDS IN THE TM CITED HEREON.

8a. SIGNATURE

(Person(s) performing inspection)

8b. TIME

9a. SIGNATURE

(Maintenance Supervisor)

9b. TIME

10. MANHOURS  
REQUIREDTM  
ITEM  
NO.  
aSTATUS  
bDEFICIENCIES AND SHORTCOMINGS  
cCORRECTIVE ACTION  
dINITIAL  
WHEN  
CORRECTED  
e

[illegible]

## DA FORM 2404 (BACKSIDE)

WEAPPC VI.10

**Figure 3-7. Preparation Instructions for completing DA Form 2404 used for maintenance services and inspections**

**(1) Organization.** Enter the name of the unit to which the equipment belongs.

**(2) Nomenclature and Model.**

- a. Enter the noun abbreviation and the model of the equipment.
- b. For watercraft, use the noun abbreviation and Hull Design Number.

**(3) Registration/Serial/NSN.**

- a. Enter the serial or registration number or the NSN when no serial or registration number is available.
- b. For watercraft, enter the DA Hull Number.
- c. Leave blank when the form covers more than one item.

**(4a) Miles.** Enter the meter reading in miles or kilometers as of the date in block 5. Leave blank if miles or kilometers do not apply to the equipment and/or it had no odometer.

**(4b) Hours.** Enter the meter reading in hours as of the date in block 5. Leave blank if miles or kilometers do not apply to the equipment and/or it has no hourmeter.

**(4c) Rounds Fired.** Leave blank.

**(4d) Hot Starts.** Leave blank.

**(5) Date.** Print current calendar date.

**(6) Type Inspection.**

- a. Enter the type of inspection or service to be done (lubrication, monthly, quarterly, semiannual, etc.). Enter whichever is greater.
- b. When doing more than one inspection or service at the same time, put the service symbols in block 6 (L/S, etc.).

**(7) TM Number, TM Date.**

- a. Enter the number and date of the equipment TM. When two TMs cover an item, put the second TM number and date in the second number and date block.
- b. When the manual has changes, print "W/C" and the latest change number after the TM number. But show the date of the basic manual.

**(8a) Signature.** Enter the signature, rank, or grade of the person performing the inspection or service. A signature in this block keeps the form from being used past the current dispatch/service.

**(8b) Time.** Leave blank or use as needed locally.

**(9a) Signature.** The maintenance supervisor or designated representative signs name and rank.

**(9b) Time.** Leave blank or use as needed locally. For missile systems and missile peculiar equipment reported under AR 700-138, enter the time when an item was found to be NMC.

**(10) Man-Hours.** Leave blank or use as needed locally.

**Column a.**

**TM Item Number.** Enter the TM item number that applies to the fault in column c. Circle the number if the fault makes the equipment NMC for the DA Form 2406.

**Column b.**

**Status.** Enter the status symbol that applies to the fault.

**Column c.**

**Deficiencies and Shortcomings.**

- a. Briefly describe the fault.
- b. When more than one TM is used for the inspection or service, draw a line under the last entry for a TM. Under the line, print the number of the next manual to be used.
- c. You may skip one to three lines between faults.

**Column d.**

**Corrective Action.**

- a. Explain the action you took to correct or take care of the fault. Note any parts replaced or ordered and work done.
- b. For equipment needing a DA Form 2409, note repair work done and parts replaced. Put that information on the DA Form 2409. Print "DA Form 2490" in column d for those items.
- c. If parts are need, the PLL Clerk will order them and enter the document numbers.
- d. Faults that need support maintenance will go on a DA Form 2407. Print "DA Form 2407 (SPT)" in column d.
- e. The CO's designated representative will decide what maintenance can be delayed. Faults that do not affect the operation of the equipment and the operator's safety can be deferred because.
  - (1) Support is backed up and cannot get to the equipment right away.
  - (2) The needed repair part is not on hand.
  - (3) Other reasons at the CO's discretion.
- f. Faults the CO's designated representative decides to defer go on the DA Form 2408-14. Print "DA Form 2408-14" in column d for those items.

**Column e. Initial When Corrected.** The mechanic initials any dash or diagonal status symbols that are fixed. For status symbol "X" the mechanic initial will go on the last line for the entry. Note for quality control, the inspector or a designated rep will check all corrected status symbol X faults. The inspector will then initial the status symbol. The person who did the work initials in column e.

EQUIPMENT INSPECTION AND MAINTENANCE WORKSHEET									
For use of this form, see DA PAM 738-750 and 738-751; the proponent agency is DCSLOG									
1. ORGANIZATION A Co 801 <sup>ST</sup> MT BN					2. NOMENCLATURE AND MODEL TRK UTL 1 1/4T M998				
3. REGISTRATION/SERIAL/NSN 029917		4. MILES 2980		5. HOURS FIRE		6. ROUNDS STARTS		7. DATE 5 OCT 88	
8. TYPE INSPECTION ANNUAL									
APPLICABLE REFERENCE									
TM NUMBER 9-2320-280-20					TM DATE APR 85				
TM NUMBER					TM DATE				
COLUMN a - Enter TM item number.					COLUMN d - Show corrective action for deficiency or shortcoming listed in Column c.				
COLUMN b - Enter the applicable condition status symbol.					COLUMN e - Individual ascertaining completed corrective action initial in this column.				
COLUMN c - Enter deficiencies and shortcomings.									
STATUS SYMBOLS									
<p>"X"-Indicates a deficiency in the equipment that places it in an inoperable status.</p> <p>CIRCLED "X"-Indicates a deficiency, however, the equipment may be operated under specific limitations as directed by higher authority or as prescribed locally, until corrective action can be accomplished.</p> <p>HORIZONTAL DASH "-" -Indicates that a required inspection, component replacement, maintenance operation check, or test flight is due but has not been accomplished, or an overdue MWO has not been accomplished.</p>					<p>DIAGONAL "/" -Indicates a material defect other than a deficiency which must be corrected to increase efficiency or to make the item completely serviceable.</p> <p>LAST NAME INITIAL IN BLACK, BLUE-BLACK INK, OR PENCIL-Indicates that a completely satisfactory condition exists.</p> <p>FOR AIRCRAFT-Status symbols will be recorded in red.</p>				
ALL INSPECTIONS AND EQUIPMENT CONDITIONS RECORDED ON THIS FORM HAVE BEEN DETERMINED IN ACCORDANCE WITH DIAGNOSTIC PROCEDURES AND STANDARDS IN THE TM CITED HEREON.									
9a. SIGNATURE (Person(s) performing inspection)					9b. TIME		9c. SIGNATURE (Maintenance Supervisor)		
9d. TIME					9e. TIME		10. MANHOURS REQUIRED		
<p><i>Roy M. [Signature]</i> SFC</p>					<p><i>[Signature]</i> SFC</p>				
TM ITEM NO.	STATUS	DEFICIENCIES AND SHORTCOMINGS			CORRECTIVE ACTION			INITIAL WHEN CORRECTED	
17		INSPECT ALL WIRING AND WIRING HARNESSSES			INSPECTED ALL SERVICEABLE			R/M	
18		REPLACE FUEL FILTER			REPLACED			R/M	
19		INSPECT POWER STEERING PUMP, GEAR, HYDRAULIC CONTROL VALVE, HOSES, LINES, AND FITTINGS FOR LEAKS OR DAMAGE			TIGHTENED ALL HOSES, FITTINGS, AND LINES			R/M	
22		INSPECT FRAME AND CROSS MEMBER			ALL SERVICEABLE INSPECTED			R/M	
31		INSPECT 100 AMP ALTERNATOR KIT			INSPECTED ALL SERVICEABLE			R/M	

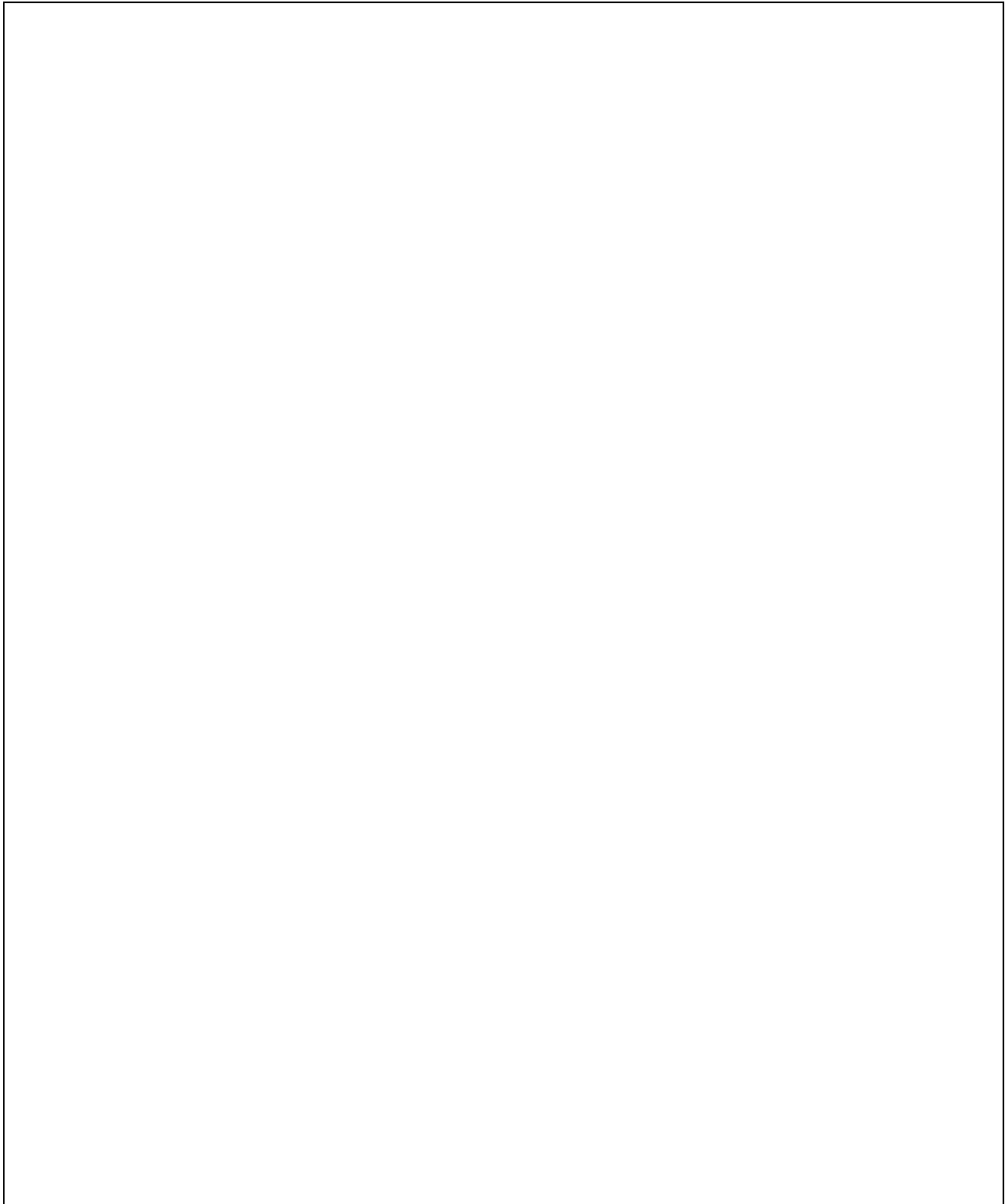
DA FORM 2404  
1 APR 79

Replaces edition of 1 Jan 64, which will be used

Figure 3-7. Sample of a completed DA Form 2404 used for maintenance services and inspections

**APPENDIX N (BACKSIDE)**

DA FORM 2404

A large, empty rectangular box with a thin black border, occupying the majority of the page below the header and title. It is intended for the main content of the DA FORM 2404.

## APPENDIX O

## DA FORM 2405

Figure 3-12. Completion instructions of DA Form 2405

**(a) Job Order Number**

- (1) List the work order number from DA Form 2407.
- (2) You may also put the PD in column a or in the left-hand margin.

**(b) Quantity and Nomenclature.**

- (1) Do not enter a number if only one item is listed on the DA Form 2407.
- (2) When more than one item is listed in block 16 of the DA Form 2407, enter that number.
- (3) Enter the information from block 3 of the DA Form 2407.
- (4) If further identification is required, enter the model.

**(c) Work Requested by.** Print the name of the unit or activity asking for the work. Get this information from block 1a of the DA Form 2407.

**(d) Serial or USA Registration Number**

- (1) Enter the numbers in block 2 or block 16 of the DA Form 2407.
- (2) If no serial or registration number is listed, enter the administration number or a locally assigned identification number.

(3) For watercraft, use the UA Hull number.

(4) You may use separate lines when more than one serial or registration number is on the DA Form 2407.

**(e) Brief Description of Work or Remarks.** Briefly describe the equipment fault or the action taken. Action includes MWO to be applied; one-time inspection.

**(f) Data Job Order Received.** Enter the Julian date the request for maintenance came in.

**(g) Started.** Enter the Julian date the repair action started.

**(h) Finished.** Enter the Julian date when the item was fixed.

**(i) Man-Hours.**

- (1) Enter the total number of manhours needed to do the repair. Block 201 of the DA Form 2407 gives you that information.
- (2) Leave blank when the form is used at organization level.

**(j) Labor.** Leave blank or use as needed locally.

**(k) Parts.** Leave blank or use as needed locally.

**(l) Total cost of job.** Leave blank or use as needed locally.



## APPENDIX P

## DA FORM 2409

SECTION C - REPAIR AND COST RECORD						
DATE a	WORK ORDER NO. b	NATURE OF REPAIR c	MAN- HOURS d	COST e		
				PARTS	LABOR	TOTAL
6 NOV 77		CONSOLIDATION (From Previous Form)	62.2			
2 MAR 78	A1776	Replace Accessory Kit	.8			
21 Nov 78	A6007	Replace Quick Release Pin Assy	1.2			

SECTION D - MODIFICATION RECORD								
MODIFICATIONS REQUIRED					MODIFICATIONS COMPLETE			
MWO NO. a	DATE OF MWO (Day - Month - Year) b	PRIORITY c	ECH d	MWO TITLE OR KIT NUMBER(S) e	DATE MWO APPLIED (Day - Month - Year) f	MAN- HOURS g	ORGANIZATION APPLYING MWO h	SIGNATURE (Certification of MWO Application) i
9-1490-500-34 1/2	16 APR 78	N	F	1490-356-346	14 MAY 78	1.5	701 MAINT BIO (PS/BS)	Dr. B. H. C. W. 2
9-1490-500-30 1/2	26 MAR 78	N	P	1490-686-346	13 NOV 78	1.2	614 ORD DEP 22 SF 60	R. M. W. H. 4

\* U.S. GOVERNMENT PRINTING OFFICE: 1980-361-644/0173

Figure 5-16. Sample of a completed DA form 2409—Continued

Completion instructions by block number and title

## Section C

## Repair and Cost Record

(a) Date. Enter the calendar date the repair work was finished. For safety recall, put the date the recall work was done.

(b) Work Order No.

a. Enter the maintenance request or work order number if one was used.

b. For safety recalls, enter the recall number.

(c) Nature of Repair

a. Briefly describe the repair work.

b. For safety recalls, describe the recall action.

(d) Man-Hours. Enter the total man-hours used in the work. Round to the nearest tenth of an hour.

## Cost

a. Fill in columns e, f and g only when this information is required locally. Otherwise, leave blank.

b. This entry is required for commissary equipment and all non-tactical special purpose vehicles.

(e) Parts. Enter the cost of the parts used. Do not include cost of common hardware, items you get from the cannibalization point, etc.

(f) Labor. Enter the cost of the labor.

(g) Total. Add the costs in columns e and f together.

## Section D

Modification Record. Leave this section blank unless required locally.

Modification Required. Enter all required MWOs that apply to the equipment no matter what level of maintenance will do the work.

(a) MWO No. Enter the MWO number.

(b) Date of MWO. Enter the date of the MWO.

(c) Priority. Enter the letter U for Urgent, L for Limited Urgent and N for Norman. The MWO will tell you which one applies for that specific MWO.

(d) Echelon. Enter the category of maintenance that will do the work:

O—for unit

F—for direct support

H—for general support.

D—for deposit.

(e) MWO Title or Kit Number(s). Enter the MWO kit number.

(f) Date MWO Applied. Enter, in pencil, the date the MWO is to be applied.

Modification Completed. The unit that applies the MWO completes columns f through i.

(f) Date MWO Applied. Erase the pencil date. Enter the day, month and year the MWO was applied. Ink entry.

(g) Man-Hours. Enter the man-hours used to apply the MWO.

(h) Organization Applying MWO. Enter the name of the unit that applies the MWO.

(i) Signature. The person who confirms the MWO work signs his or her name and rank.

## APPENDIX P

## DA FORM 2409 (Cont.)

SECTION A - GENERAL					
1. STOCK NUMBER 1450-00-768-2045	2. MODEL NUMBER XMLE2	3. SERIAL NUMBER 317A	4. LOCATION LPL A/2/609 FA	5. FREQUENCY OF MAINT INSPECTION Q	
6. NOMENCLATURE PALLET LOADING & STORAGE GM			7. EXPECTED USEFUL LIFE (IN YEARS) UNK	8. EXPECTED DATE OF RETIREMENT UNK	
9. TECHNICAL REFERENCES TM 9-1440-500-10			10. MANUFACTURER RATHEON	11. DATE PUT IN SVC E 15 JAN 70	12. UNIT COST 6,597. <sup>00</sup>

SECTION B - MAINTENANCE INSPECTION RECORD					
DATE	INITIAL	REMARKS	DATE	INITIAL	REMARKS
10 MAR 77	YZ	Q - Service - OK			
8 AUG 77	YZ	Q - Service - OK			
11 NOV 77	QZ	Q - Service - OK			
13 MAR 78	BS	Q - Service - OK			
9 JUL 78	PO	Q - Service - OK			
13 NOV 78	YB	Q - Service OK			

DA FORM 2409  
1 APR 64

EQUIPMENT MAINTENANCE LOG (CONSOLIDATED)  
For use of this form, see DA PAIs 736-750 and 736-751; the proponent agency is DCSLOG

Figure 5-16. Sample of a completed DA Form 2409

## Completion instructions by block number and title

## Section A

## General

(1) Stock Number. Enter the NSN of the item.

(2) Model Number

- a. Enter the model number of the item.
- b. If the equipment has no model number, put NONE in this block.
- c. For watercraft, enter the hull design number.

(3) Serial Number

- a. Enter the serial number.
- b. For watercraft, enter the DA hull number.

(4) Location. Enter the actual location of the equipment. (Pencil entry)

(5) Frequency of Maint. Inspection. Enter the type of frequency (interval) of the maintenance inspections: weekly, monthly, semi-annual, etc.

(6) Nomenclature. Enter the noun.

(7) Expected Useful Life. When you know it, enter the expected useful life of the equipment. You'll find this information in some equipment pubs and maintenance expenditure pubs. If you do not know the expected life, put UNK in this block.

(8) Expected Date of Retirement. Enter the calendar date the item is expected to be taken out of service. You will get this date by adding the life expectancy in block 7 to the "put in service" date in block 11. If you do not have this information, put UNK in this block.

(9) Technical References. Enter the number of the organizational-level technical publication on the item.

(10) Manufacturer. Enter the name of the manufacturer of the item. If you do not know, put UNK in this block.

(11) Date Put In SVC. Enter the calendar date the item was accepted into the Army inventory. If you do not know, estimate. Put EST before the estimated date: EST June 1977, for example.

(12) Unit Cost. Enter the current cost of replacing the item. If you have no other cost, use the price on the Army Master Data File (AMDF).

## Section B

## Maintenance Inspection Record

(a) Date. Enter the day, month and year the scheduled maintenance inspection, load test or service was done.

(b) Initial. The person doing the inspection, test or service initials.

(c) Remarks. Enter the results of the test, inspection or service. Normally the words "service" or "load test" are enough. When support units work on the equipment, put the job order number in this column.

## **APPENDIX Q**

### **FUEL COUPONS AND CREDIT CARD CONTROL REGISTERS**

**Q-1-1. DA Form 4702-R Quarterly Gas Coupon Accounting Summary**

**Q-1-2. SAO Fuel Coupon Issue Record**

**Q-1-3. Sample Fuel Log**

# ODC GERMANY QUARTERLY GAS COUPON ACCOUNTING SUMMARY

For use of this form, see DA PAM 710-2-1, the proponent agency is DCSLOG

POST CAMP OR STATION			DOCUMENT NUMBERS			PERIOD OF REPORT	
ODC BONN, GERMANY APO AE 09080							
PRODUCTS				LEADED		UNLEADED	
OPENING INVENTORY							
RECEIPTS (Purchases)							
USED							
REMAINING							
CLOSING INVENTORY							
<b>REMARKS:</b> THE FOLLOWING COUPON BOOKS WERE EXHAUSTED DURING THE INDICATED INVENTORY PERIOD AND ARE DROPPED FROM ACCOUNTABILITY:  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>							
<b>LEADED</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>							
<b>SUPER UNLEADED</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>							
NAME AND GRADE OF ACCOUNTABLE OFFICER Msgt Earlene Robinson			SIGNATURE		DATE		
NAME AND GRADE OF VALIDATING ODC OFFICER			SIGNATURE		DATE		

[illegible][illegible][illegible][illegible]

For use of this form, see ODC Germany PM 60-2

Q-1-3